

FILED OCT 15 1956

STANDARD CERTIFICATE OF DEATH

State File # 30000

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 4065 Registrar's No. 36

1. PLACE OF DEATH
 a. COUNTY Caldwell
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Polo Mo
 c. LENGTH OF STAY (in this place) 3 years
 d. FULL NAME OF HOSPITAL OR INSTITUTION Christopher Nurseing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri
 b. COUNTY Caldwell
 c. CITY OR TOWN Cowgill
 d. Is Residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) 013³⁰0

3. NAME OF DECEASED
 a. (First) Richard b. (Middle) Allen c. (Last) Thomson
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
9 21 1956

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
 8. DATE OF BIRTH 9-7-1880 9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer
 10b. KIND OF BUSINESS OR INDUSTRY self
 11. BIRTHPLACE (City and State or Foreign Country) Cowgill, Missouri
 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Fredrick Thomson 13b. MOTHER'S MAIDEN NAME Mary Ann Thomson 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Miss. Hazel Mc Cray ADDRESS Hamilton, Mo.

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
 MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerotic Cardiosclerosis (b) _____ (c) _____
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
 INTERVAL BETWEEN ONSET AND DEATH 6 years

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Polo - Caldwell Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from July, 1950, to 9-21-, 1956, that I last saw the deceased alive on 9-18-, 1956, and that death occurred at 6A m., from the causes and on the date stated above.

23a. SIGNATURE Frank R. Daley, M.D. (Degree or title) 23b. ADDRESS Hamilton, Mo. 23c. DATE SIGNED 9-21-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 9/23-1956 24c. NAME OF CEMETERY OR CREMATORY Cowgill Cemetery 24d. LOCATION (City, town, or county) (State) Cowgill, Missouri

DATE REC'D BY LOCAL REG. Oct 10-56 REGISTRAR'S SIGNATURE Hedya Jones 25. FUNERAL DIRECTOR'S SIGNATURE Cramer Clark ADDRESS Kingston, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Cramer Clark*

Licensed Embalmer No. 3257

P. O. Address Kingston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.