

DUNNIRE
FILED NOV 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37556**

BIRTH NO. _____ REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **5427** Registrar's No. **155**

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| 1. PLACE OF DEATH a. COUNTY Dunklin | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Dunklin | |
| b. CITY (If outside corporate limits, write RURAL and give township) Kennett (Rural) | | c. LENGTH OF STAY (In this place) 8 Yrs. | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Home | | e. STREET ADDRESS (If rural, give location) Rt. 2 | |

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|---|----------------------------------|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) Sylvester c. (Last) Thompson | | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 11th, 1956 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Apr. 24-1884 | 9. AGE (In years last birthday) 72 | IF UNDER 1 YEAR Months 6 Days 17 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farm | 11. BIRTHPLACE (City and State or Foreign Country) Ravendon Springs Ark. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME Morgan Ross | 13b. MOTHER'S MAIDEN NAME Louise Matheny | 14. NAME OF HUSBAND OR WIFE Mary Thompson |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. 491-16-1889 | 17. INFORMANT'S SIGNATURE OR NAME Mary Thompson | ADDRESS Kennett Mo. Rt. 2 |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Insufficiency | | INTERVAL BETWEEN ONSET AND DEATH 2 wks |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease | | |
| | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) 4200 |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from **Aug 15 1956**, to **Nov 11 1956**, that I last saw the deceased alive on **Nov 11 1956**, and that death occurred at **6:00 P. m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE George Williams | (Degree or title) M.D. | 23b. ADDRESS Kennett Mo. | 23c. DATE SIGNED 11-13-56 |
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|--|------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 11.13.56 | 24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery | 24d. LOCATION (City, town, or county) (State) Kennett Mo. |
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| DATE REC'D BY LOCAL REG. 11-15-56 | REGISTRAR'S SIGNATURE Carl H. ... | 25. FUNERAL DIRECTOR'S SIGNATURE Lentz Service | ADDRESS Kennett Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

90-6

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 11-19-5
COUNTY FILE NUMBER ... 1156-4

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 *Edgar H. H. H. H.*

Licensed Embalmer No. 4433

P. O. Address Kennett 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.