

FILED DEC 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39078

STATE FILE NUMBER

Registration District No. 292 Primary Registration District No. 6001 Registrar's No. _____

1. PLACE OF DEATH

a. COUNTY RALLS

b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits
OR TOWN SALINE TOWNSHIP Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb
HOSPITAL OR INSTITUTION MONROE CITY MO. 1 DAY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY SHELBY

c. CITY OR TOWN HUNNEWELL 1020 Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First ELMER Middle ADELBERT Last THOMPSON

5. SEX

MALE

6. COLOR OR RACE

WHITE7. MARRIED ☐ NEVER MARRIED ☐WIDOWED ☐ DIVORCED ☒

8. DATE OF BIRTH

3 MARCH 3RD 1910

9. AGE (In years last birthday)

46

10. IF UNDER 1 YEAR IF UNDER 24 HRS.

Months 9 Days 7 Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Day Labor.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Lin County, Missouri

12. CITIZEN OF WHAT COUNTRY?

U S A

13. FATHER'S NAME

CHARLEY CARSON

14. MOTHER'S MAIDEN NAME

BLANCH MAE CARPENTER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)

YES no 2.

16. SOCIAL SECURITY NO.

487-30-0672

17. INFORMANT

James Carson Monroe City, Mo.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

H20.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year
a. m. p. m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw her alive on _____
Death occurred at ABOUT 12 30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Clyde Wilkey

22b. ADDRESS

Parry, Inc. Ralls Co.

22c. DATE SIGNED

12/1/1956

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

12-7-56

23c. NAME OF CEMETERY OR CREMATORY

Oakland Cemetery

23d. LOCATION (City, town, or county)

Ralls Co

(State)

mo

24. FUNERAL DIRECTOR

WILSON & SON'S, Monroe City Mo

ADDRESS

25. DATE RECD. BY LOCAL REG.

12/5/1956

26. REGISTRAR'S SIGNATURE

Clyde Wilkey

(Licensed Embolmer's Statement on Reverse Side)

1. Cause of death must be causally related. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lester R. Hilson.....

Licensed Embalmer No. 301

P. O. Address Manassas, Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.