

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1709**

FILED JAN 15 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **5579** Registrar's No. **3**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <b>Jasper</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webb City Mineral Wsp.</b>		c. CITY OR TOWN <b>Carthage</b>	
c. LENGTH OF STAY (in this place)		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 <b>Elmhurst</b>		e. STREET ADDRESS (If rural, give location) <b>406 Howard</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <b>Lee</b>	b. (Middle) <b>Roy</b>	c. (Last) <b>Thompson</b>	<b>Jan. 8, 1957</b>		

<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Sept. 24, 1873</b>	<b>9. AGE</b> (In years last birthday) <b>83</b>	<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Monument Dealer</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Ill.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>Neil Thompson</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Rebecca Day</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Susan Effie Thompson</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> (If yes, give war or dates of service)	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>W. E. Thompson, Fort Worth, Texas</b>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc.; It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>43 hrs.</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebral Embolism or Thrombosis</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) _____</b> <b>DUE TO (c) _____</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Auricular fibrillation</b> <b>Hypostatic pneumonia</b>		<b>12 hrs.</b>	

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>332x</b>	<b>20. AUTOPSY?</b> <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from 1-6, 1957, to 1-8, 1957, that I last saw the deceased alive on 1-7, 1957, and that death occurred at 1:15 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Gim Ferguson, M.D.</b>	<b>23b. ADDRESS</b> <b>Webb City, Mo</b>	<b>23c. DATE SIGNED</b> <b>1-10-57</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>1-9-57</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Paradise Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Jasper Co., Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>1-10-57</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Mrs. Madeline Switzer</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Ulmer Funeral Home, Carthage, Mo.</b>	<b>ADDRESS</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

740

County File Number 57-1-23  
One Filed JAN 14 1957

JAN 22 1957

**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 *John C. Elmer*.....

Licensed Embalmer No. 4195.....

P. O. Address *Port Hope*.....

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.