

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12316

STATE FILE NUMBER

FILED APR 24 1957

Registration District No. 43 Primary Registration District No. 5136 Registrar's No. 303

| | | | | | | | |
|---|-----------------------|---|--|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Butler | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Butler | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Harviell, Mo. <i>Beaverdam Twp</i> | | Inside Limits OR TOWN Harviell | | c. CITY OR TOWN Harviell | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION Home, Route #1 | | | Length of stay in lb | | d. STREET ADDRESS (If outside, give location) Route #1 | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) Will Thomps on | | | | 4. DATE OF DEATH April 6, 1957 | | | |
| 5. SEX Male | 6. COLOR OR RACE Col. | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Sept. 9, 1883 | | 9. AGE (In years last birthday) 74 | 10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days 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 | | 11. BIRTHPLACE (City and state or country) Byhalia, Miss. | | 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 13. FATHER'S NAME Alf Thompson | | | | 14. MOTHER'S MAIDEN NAME Laura Boles | | | |
| 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. | | 17. INFORMANT Lillie Thompson, Rt. 1, Harviell, 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) <i>anginal pectoris</i> DUE TO (b) <i>hyperextension</i> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>none</i> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>none</i> | | | | |
| 20c. TIME OF INJURY Hour a. m. p. m. <i>none</i> | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>none</i> | | 20f. CITY, TOWN, OR LOCATION | | 20g. COUNTY STATE | |
| 21. I attended the deceased from <i>April 4 '57</i> to <i>April 6, 1957</i> and last saw <i>him</i> alive on <i>April 4, 1957</i> . Death occurred at <i>10:00 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Dress or title) <i>Wendell M. Taylor</i> | | | | 22b. ADDRESS <i>Waylor, Mo</i> | | 22c. DATE SIGNED <i>4/16/57</i> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i> | | 23b. DATE <i>4-16-57</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Memphis</i> | | 23d. LOCATION (City, town, or county) (State) <i>Memphis, Tenn.</i> | | |
| 24. FUNERAL DIRECTOR Frank-Cotrell Poplar Bluff, Mo. | | | | 25. DATE RECD. BY LOCAL REG. <i>4/20/57</i> | | 26. REGISTRAR'S SIGNATURE <i>Wendell M. Taylor</i> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

RECEIVED

APR 22 1967

BUTLER CO. HEALTH CENTER

FILE No. _____

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 *Charles E. Mung*
Licensed Embalmer No. *48*

P. O. Address *Poplar Bl.*

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.