

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25690**

FILED AUG 5 1957

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **88**

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana		c. LENGTH OF STAY (In this place) 3 Da.	c. CITY OR TOWN Whiteside
d. FULL NAME OF HOSPITAL OR INSTITUTION Pike County Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 0570			

3. NAME OF DECEASED (Type or Print) a. (First) MARVIN b. (Middle) LAVERN c. (Last) THOMPSON			4. DATE OF DEATH (Month) (Day) (Year) July 19, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Sent. 12, 1946	9. AGE (In years last birthday) 10	IF UNDER 1 YEAR Months 10 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Corso MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Fred Thompson	13b. MOTHER'S MAIDEN NAME Catherine Zumwalt	14. NAME OF HUSBAND OR WIFE
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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) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Fred Thompson	ADDRESS Whiteside MO.
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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) Tetanus		INTERVAL BETWEEN ONSET AND DEATH 5 days 2 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thorn stuck in foot.		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 061X	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Whiteside 057 Lincoln Missouri
21d. TIME OF DEATH (Month) (Day) (Year) (Hour) 2 weeks prior to admission to hospital	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? stepped on thorn

22. I hereby certify that I attended the deceased from **7-16, 1957**, to **July 19, 1957**, that I last saw the deceased alive on **7-19, 1957**, and that death occurred at **3:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. H. Linnell M.D.	23b. ADDRESS Louisiana, Missouri	23c. DATE SIGNED 7/24/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 22, 1957	24c. NAME OF CEMETERY OR CREMATORY Sulphur Lick Cemetery	24d. LOCATION (City, town, or county) (State) Lincoln County MO.
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DATE REC'D BY LOCAL REG. July 24, 1957	REGISTRAR'S SIGNATURE Berniece Collier	25. FUNERAL DIRECTOR'S SIGNATURE D.W. McBay Jr. Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

374

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..... *D. W. McCoy*.....

Licensed Embalmer No. *358*

P. O. Address *Troy, 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.