

FILED SEP 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH28592
STATE FILE NUMBER

Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 23.

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township		c. CITY OR TOWN Sedalia	
c. FULL NAME OF HOSPITAL OR INSTITUTION Officers Club Whiteman AFB, Mo		d. STREET ADDRESS 310 N Park	
3. NAME OF DECEASED (Type or print) First Ray Middle Allen Last Thompson			4. DATE OF DEATH August 30, 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 14, 1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction worker		10b. KIND OF BUSINESS OR INDUSTRY Construction	9. AGE (In years last birthday) 54
11. BIRTHPLACE (City and state or country) Shaftaburg, Michigan		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Newell Allen Thompson		14. MOTHER'S MAIDEN NAME Bertha Ogerly	
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. 495-09-0215	17. INFORMANT Mrs Denaie Seigel Sedalia, Missouri
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Electric shock DUE TO (c) 9146			INTERVAL BETWEEN ONSET AND DEATH At once
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 6		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Made contact with cable attached to Crane that struck a power line.		
20c. TIME OF INJURY 8:35 AM Aug 30, 57		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Officers Club		20f. CITY, TOWN, OR LOCATION Whiteman AF Base Johnson Missouri	
21. I attended the deceased at at 8:45 AM on xx August 30, 1957 at at 8:35 Am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Richard C. Miller Capt USAF (MC)		22b. ADDRESS Whiteman AF Base, Missouri	
22c. DATE SIGNED 30 Aug 57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-1-57	23c. NAME OF CEMETERY OR CREMATORY Shiloh Cemetery	23d. LOCATION (City, town, or county) (State) Saline County Mo
24. FUNERAL DIRECTOR Harry Heraburger Marshall Mo		25. DATE RECD. BY LOCAL REG. 9/1/57	26. REGISTRAR'S SIGNATURE Erma L. Beatty

(Licensed Embalmer's Statement on Reverse Side)

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

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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FEB 26 1958

SEP 9 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..... *Harry Hershberg*
Licensed Embalmer No. *43*

P. O. Address *Marshall*

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.