

FILED JAN 6 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43578

STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1432

V. S. 300  
Rev. 1-57

|   |                               |   |   |   |   |
|---|-------------------------------|---|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>  |                               |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b> |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Joseph</b>  |                               | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <b>St. Joseph</b>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>DOA St. Joseph's Hosp.</b>  |                               | Length of stay in lb<br><b>Most Life</b>  | d. STREET ADDRESS (If outside, give location)<br><b>2224 No. 6th</b>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |
| 3. NAME OF DECEASED<br>(Type or print) First <b>EMIL</b> Middle <b>ANTONE</b> Last <b>THOMPSON</b>  |                               |   | 4. DATE OF DEATH<br>Month <b>Dec.</b> Day <b>26</b> Year <b>1957</b>  |   |   |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>March 25, 1900</b>   |   | 9. AGE (In years last birthday) <b>57</b><br>IF UNDER 1 YEAR: Months _____ Days _____<br>IF UNDER 24 HRS.: Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Broom Factory</b>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Blind Craft</b>   |   | 11. BIRTHPLACE (City and state or country) <b>Diller Nebraska</b> |   |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U S A</b>  |                               | 13a. FATHER'S NAME<br><b>Newton Thompson</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Arretta Beard</b>                 |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>Mrs. Audrey Thompson</b>  |                               | 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                   |   | 16. SOCIAL SECURITY NO.<br><b>491-09-2980</b>                     |   |
| 17. INFORMANT<br><b>Mrs. Audrey Thompson</b>  |                               | Address<br><b>St. Joseph, Mo.</b>   |   |   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>  |                               |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>?</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Signed as an unattended death in the city of St. Joseph, Mo.</b>  |                               |   |   |   |   |
| DUE TO (c) <b>4201</b>  |                               |   |   |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |                               |   |   |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                 |
| 20a. ACCIDENT <input 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.)  |   |   |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____   |                               |   |   |   |   |
| 20d. INJURY OCCURRED WHILE AT <input 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.)  |   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE                         |   |
| 21. I attended the deceased from <b>12-26-57</b> to _____ and last saw him alive on <b>12-26-57</b><br>Death occurred at <b>10:15P</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |                               |   |   |   |   |
| 22a. SIGNATURE<br><b>Richard L. Mayhew, M.D. assistant city health officer</b>  |                               |   | 22b. ADDRESS<br><b>Phos &amp; drug Bldg 216, St. Joseph</b>   |   | 22c. DATE SIGNED<br><b>12-26-57</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                               | 23b. DATE<br><b>12-30-57</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>I.O.O.F. Public Cemetery</b>   |   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Joseph Missouri</b>   |
| 24. FUNERAL DIRECTOR<br><b>Stamey Funeral Home</b>  |                               | ADDRESS<br><b>St. Joseph, Mo.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>Jan. 2, 1958</b>               | 26. REGISTRAR'S SIGNATURE<br><b>Mrs. Robert Fulton</b>  |

securing the medical certification in the specific manner required by 193.140 MoRS 1949.  
 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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION

0001

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. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph 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.