

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26381-58  
58-015312  
State File No. ....

FILED APR 24 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 59

0250

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

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>		c. CITY OR TOWN <u>Waynesville</u>	
c. LENGTH OF STAY (in this place) <u>hrs.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville Genl. Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>Waynesville, Missouri</u>	

3. NAME OF DECEASED (Type or Print) <u>ROBIN</u>	a. (First) <u>KAY</u>	b. (Middle) <u>THOMPSON</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>April 14 1958</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>April 13 1958</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>5 30</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Waynesville, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Wenfred Thompson</u>	13b. MOTHER'S MAIDEN NAME <u>Virginia Nivens</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wenfred Thompson, Rte 1, Salem, Mo.</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac + pulmonary arrest.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>atelectasis + aspiration of amniotic fluid</u> DUE TO (c) <u>prematurity</u>		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>7625</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9:30, 1958, to 12:30 pm 1958, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>B. J. Myers DO</u>	(Degree or title)	23b. ADDRESS <u>Licking, Mo.</u>	23c. DATE SIGNED <u>4-15-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rem + Burial</u>	24b. DATE <u>Apr 15 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dent County Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4-15-58</u>	REGISTRAR'S SIGNATURE <u>Paula Mae Anderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Max K. Waigel</u>	ADDRESS <u>Salem, Mo</u>
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No EMBALMING

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 *Max L. Warfel*.....

Licensed Embalmer No. *4170*.....

P. O. Address *Salem, 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.