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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 casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017031
STATE FILE NUMBER

FILED MAY 15 1958 Registration District No. 337 Primary Registration District No. 4496 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY: SHELBY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SHELBYVILLE — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): HOME — Length of stay in 1b: 50 YRS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: SHELBY
c. CITY OR TOWN: SHELBYVILLE 1020 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): SHELBYVILLE MO — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First ERNEST Middle PRICE Last THOMPSON

4. DATE OF DEATH Month MAY Day 2 Year 1958

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED X **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: APRIL 3, 1888

9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MORTICIAN

10b. KIND OF BUSINESS OR INDUSTRY: FURNITURE & FUNERAL

11. BIRTHPLACE (City and state or country): SHELBY COUNTY MO

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: JOSEPH THOMPSON

14. MOTHER'S MAIDEN NAME: ELIZABETH COARD

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: —

17. INFORMANT Address: MRS E.P. THOMPSON SHELBYVILLE MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Accident — INTERVAL BETWEEN ONSET AND DEATH: 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteria Sclerosis — ?
DUE TO (c): 331X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Parkinsons disease

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Apr 16 '58 to May 2-58 and last saw him alive on May 2-58
Death occurred at 8:40 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): P. C. Archer MD

22b. ADDRESS: Shelbyville MO

22c. DATE SIGNED: 5-8-58

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 5-4-58

23c. NAME OF CEMETERY OR CREMATORY: IOOF CEMETERY

23d. LOCATION (City, town, or county) (State): SHELBYVILLE MO

24. FUNERAL DIRECTOR ADDRESS: THOMPSON GREENING CLARENCE MO

25. DATE RECD. BY LOCAL REG.: May 8-58

26. REGISTRAR'S SIGNATURE: Ada Garrison

(Licensed Embalmer's Statement on Reverse Side)

SEP 4 1958

MAY 19 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Charles V. Green

Licensed Embalmer No. 46

P. O. Address Clarence

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.