Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-035968
STATE FILE NUMBER

FILED OCT 16 1958 Registration District No. 108 Primary Registration District No. 5423 Registrar's No. 25

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Arbyrd — Inside Limits Yes # No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Residence — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dunklin
c. CITY OR TOWN Arbyrd — Inside Limits Yes # No
d. STREET ADDRESS 035 (If outside, give location) — Reside on Farm Yes No #

3. NAME OF DECEASED (Type or print) First: Elisha Middle: Sylvester Last: Thompson

4. DATE OF DEATH Month: Oct. Day: 7 Year: 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED # NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH: Feb. 3, 1883
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR Months: 9 Days: 5 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired (Saleman)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): McCool, Miss.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: William D.Thompson
13b. MOTHER'S MAIDEN NAME: Francis Ray Thompson
14. NAME OF HUSBAND OR WIFE: Annie L. Thompson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNknown
17. INFORMANT: Spencer R.Thompson Address: 209 N.Everett Kennett, 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) Arteriosclerotic Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocardial infarction
DUE TO (c) 4200
INTERVAL BETWEEN ONSET AND DEATH

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? YES NO

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 Dec 58, to Oct 58 and last saw her/him alive on 6 Oct 58
Death occurred at 4 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M P Swafford (Degree or title) M.D.
22b. ADDRESS Cardwell Mo
22c. DATE SIGNED 9 Oct 58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/8/58
23c. NAME OF CEMETERY OR CREMATORY: Lulu
23d. LOCATION (City, town, or county) (State): Senath, Missouri

24. FUNERAL DIRECTOR: McDaniel Funeral Service, Senath ADDRESS Mo.
25. DATE RECD. BY LOCAL REG.: 10/10/58
26. REGISTRAR'S SIGNATURE: Mrs. J.H. Lanier

(Licensed Embalmer's Statement on Reverse Side)

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 causally related.

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OCT 27 1958

COUNTY FILE NUMBER 608-221

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 Hubert B. Baird

Licensed Embalmer No. 4888

P. O. Address Kennett, 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.