

Health,
& Welfare
Public
Service

X

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037475

STATE FILE NUMBER

FILED NOV 5 1958

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 119

300
1-57

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1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Henrietta rural		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Lexington 1542
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Smith South		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 21st & Main

3. NAME OF DECEASED (Type or print) First Middle Last Mary Margaret Thompson			4. DATE OF DEATH Month Day Year November 1, 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 20, 1916	9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kansas City, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Boyle	13b. MOTHER'S MAIDEN NAME Katherine Burns	14. NAME OF HUSBAND OR WIFE Frank A. Thompson
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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)	16. SOCIAL SECURITY NO. unknown	17. INFORMANT Frank A. Thompson, Lexington, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowning		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Automobile Accident - overturned in water submer DUE TO (c) _____		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION 089 COUNTY STATE
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20d. INJURY OCCURRED WHILE AT WORK <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 089 COUNTY STATE
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21. I attended the deceased from _____ to _____ and last saw ^{her}him alive on _____
Death occurred at **7:30 p.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Thomas B. Cook, M.D., Coroner	(Degree or title) 3	22b. ADDRESS Richmond, Missouri	22c. DATE SIGNED 11-2-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov 4, 1958	23c. NAME OF CEMETERY OR CREMATORY Memorial Park	23d. LOCATION (City, town, or county) (State) Lexington, Missouri.
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24. FUNERAL DIRECTOR Forest L. Tempel, Lexington, Mo	ADDRESS	25. DATE RECD. BY LOCAL REG. 11-2-1958	26. REGISTRAR'S SIGNATURE Malcolm Jackson
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

...no symptoms will be listed.

DEC 9 1958

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 W. T. Keane

Licensed Embalmer No. 7983
P. O. Address Springfield, 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.