

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043817

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 2

FILED JAN 12 1958

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SPRINGFIELD</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>NIANGUA</u> <u>1120</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST JOHNS</u>	Length of stay in lb <u>11 DAYS</u>	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM EUGENE THOMPSON</u>	4. DATE OF DEATH Month Day Year <u>DEC 28 1958</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN 4 1920</u>	9. AGE (In years last birthday) <u>38</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WEAVER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>EDGAR THOMPSON</u>	13b. MOTHER'S MAIDEN NAME <u>MINNIE DENNIS</u>	14. NAME OF HUSBAND OR WIFE <u>DORIS</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or if unknown) (If yes, give year or dates of service) <u>YES WWII</u>	16. SOCIAL SECURITY NO. <u>500-14-663</u>	17. INFORMANT <u>DORIS THOMPSON NIANGUA MO</u>	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) <u>Subarachnoid hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>11 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Aneurysm, left middle cerebral artery</u>	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>330x</u>	

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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
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21. I attended the deceased from <u>12/19/58</u> to <u>12/28/58</u> and last saw <u>him</u> alive on <u>12/28/58</u> Death occurred at <u>945 A</u> on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>H. J. McAlhany, M.D.</u>	22b. ADDRESS <u>401 Prof. Bldg. Springfield, Mo</u>	22c. DATE SIGNED <u>1/5/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>12-28-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NIANGUA</u>	23d. LOCATION (City, town, or county) (State) <u>NIANGUA MO</u>
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24. FUNERAL DIRECTOR <u>BARBER EDWARDS MARSHFIELD</u>	ADDRESS <u>MARSHFIELD</u>	25. DATE RECD. BY LOCAL REG. <u>1-5-59</u>	26. REGISTRAR'S SIGNATURE <u>Effie G. Melton</u>
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(Licensed Embalmer's Statement on Reverse Side)

H. J. McAlhany, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

MEDICAL CERTIFICATION

300
1-57

JAN 19 1959
JAN 2 1959

JAN 28 1959

JAN 12 1959

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 *George Staphis*

Licensed Embalmer No. *3161*
P. O. Address *Mt. Zion*

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.