

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044624

STATE FILE NUMBER

FILED JAN 14 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 21

300  
1-57

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY NEWTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY RURAL OR TOWN 0730 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		Length of stay in lb 16 YRS	d. STREET ADDRESS (If outside, give location) RT. 4, Box 249, JOPLIN Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last EUGENE WILLIAM THOMPSON			4. DATE OF DEATH Month Day Year DECEMBER 19, 1958
5. SEX M <sup>0</sup>	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH AUG. 30, 1876
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER	11. BIRTHPLACE (City and state or country) DRUMRIGHT, OKLA.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME UNK		13b. MOTHER'S MAIDEN NAME UNK	14. NAME OF HUSBAND OR WIFE ----
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT OR SON- Address W. E. MOORE, RT. 4, JOPLIN, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial failure with auricular fibrillation. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cardiovascular arteriosclerotic heart disease DUE TO (c) 4331 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic gangrene of left leg and foot (2 days)			INTERVAL BETWEEN ONSET AND DEATH Over 48 hrs Undetermined
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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
21. I attended the deceased from 12-18-58, to 12-19-58 and last saw <sup>her</sup> him alive on 12-19-58 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 <i>Dr. E. L. ...</i>		22b. ADDRESS 410 Jackson, Joplin, Mo.	22c. DATE SIGNED 1-7-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-22-58	23c. NAME OF CEMETERY OR CREMATORY HORNET CEMETERY,	23d. LOCATION (City, town, or county) (State) HORNET, MISSOURI
24. FUNERAL DIRECTOR STEVE PARKER MORTUARY,	ADDRESS JOPLIN, MO.	25. DATE RECD. BY LOCAL REG. 1-7-1959	26. REGISTRAR'S SIGNATURE <i>Dore Merriam</i>

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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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 *F. M. Jones* .....

Licensed Embalmer No. *2319*.....

P. O. Address *Joplin 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.