

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044726
STATE FILE NUMBER

FILED JAN 6 1959 Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 189

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lebanon	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallace Hospital	Length of stay in 1b 3 Weeks	d. STREET ADDRESS (If outside, give location) 789 Mayfield	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) EULAH B THOMPKINS	4. DATE OF DEATH Month Dec. Day 31 Year 1958
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5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 23, 1913	9. AGE (In years last birthday) 45	IF UNDER 1 YEAR Months 0 Days 532	IF UNDER 24 HRS. Hours 0 Min. 0
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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 Domestic	11. BIRTHPLACE (City and state or country) Scott, Ark.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Bufkin	13b. MOTHER'S MAIDEN NAME Pinkey Reddrick	14. NAME OF HUSBAND OR WIFE Clarence Thompkins
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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) No.	16. SOCIAL SECURITY NO. —	17. INFORMANT Mr. Clarence Thompkins, Lebanon, 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) Hypertensive Heart disease.		INTERVAL BETWEEN ONSET AND DEATH Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Intracranial hemorrhage	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443x		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 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 Lebanon, Mo.	COUNTY Lebanon	STATE Mo.
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21. I attended the deceased from April 22, 1958 to Dec 31, 1958 and last saw ^{her} _{him} alive on Dec 31, 1958 Death occurred at 12/16P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J.H. Johnson (Degree or title) M.D.	22b. ADDRESS Lebanon, Mo.	22c. DATE SIGNED 1/2/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1/3/59	23c. NAME OF CEMETERY OR CREMATORY Simmons Cemetery	23d. LOCATION (City, town, or county) (State) Pulaski County Ark.
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24. FUNERAL DIRECTOR S.R. Palmer ADDRESS Lebanon Mo	25. DATE RECD. BY LOCAL REG. 1-2-1959	26. REGISTRAR'S SIGNATURE Hella L. May
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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JAN 28 1959

JAN 7 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 *Stanley B. Palmer*

Licensed Embalmer No. *14810*

P. O. Address *Lebanon, CT*

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.

DATE 60-0-1