

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046918

STATE FILE NUMBER

FILED JAN 5 1959

Registration District No. 337

Primary Registration District No. 4496

Registrar's No. 97

300  
-57

1. PLACE OF DEATH a. COUNTY <b>SHELBY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>SHELBY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SHELBYVILLE</b>		c. CITY OR TOWN <b>CLARENCE</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR PLEASANT HILL INSTITUTION <b>REST HOME</b>		Length of stay in 1b <b>9 MONTHS</b>	d. STREET ADDRESS (If outside, give location) <b>CLARENCE MO</b>
3. NAME OF DECEASED (Type or print) First <b>A</b> Middle <b>C.</b> Last <b>THOMPSON</b>			4. DATE OF DEATH Month <b>DEC</b> Day <b>21</b> Year <b>1958</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>SEPT 3, 1866</b>
9. AGE (In years last birthday) <b>92</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and state or country) <b>MACON COUNTY MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>
13a. FATHER'S NAME <b>WM THOMPSON</b>		13b. MOTHER'S MAIDEN NAME <b>MARY PALMER</b>	14. NAME OF HUSBAND OR WIFE <b>MARGARET THOMPSON</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT <b>HOWARD THOMPSON</b> Address <b>CLARENCE MO</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Not positively determined. Probable cerebral aneurysm. He was found dead in bed about 6, 9 AM</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arterio Sclerosis - He had no heart ailment that I know of.</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>331x</b>			INTERVAL BETWEEN ONSET AND DEATH
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 _____ 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
21. I attended the deceased from <b>May - 1958</b> to <b>Dec - 21 - 58</b> and last saw him alive on <b>Nov. 10 - 1958</b> Death occurred at <b>morning of Dec. 21 - a</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>F.G. O'Connell M.D.</b> (Degree or title)		22b. ADDRESS <b>Shelbyville Mo</b>	22c. DATE SIGNED <b>12-23-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>12-23-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MAPLEWOOD MAUSOLEUM</b>	23d. LOCATION (City, town, or county) (State) <b>CLARENCE MO</b>
24. FUNERAL DIRECTOR <b>GREENING</b> ADDRESS <b>CLARENCE MO</b>		25. DATE RECD. BY LOCAL REG. <b>12-25-58</b>	26. REGISTRAR'S SIGNATURE <b>Ada Garrison</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Charles V. Green* .....

Licensed Embalmer No. *46256* .....

P. O. Address *Clarence* .....

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.