

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002474
STATE FILE NUMBER

FILED JAN 21 1959 Registration District No. 290 Primary Registration District No. Registrar's No. 6

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57

1. PLACE OF DEATH a. COUNTY Pulaski			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY Decatur		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Cullen		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Lamoni		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hwy 66 1 Mi So Waynesville		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) ----		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First David Middle Obediah Last Thompson			4. DATE OF DEATH Month Jan Day 10 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 14 1918		9. AGE (In years last birthday) 40
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stockman		10b. KIND OF BUSINESS OR INDUSTRY Commercial		11. BIRTHPLACE (City and state or country) Harrison County Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John A Thompson		13b. MOTHER'S MAIDEN NAME Alma Fay Lynch	
14. NAME OF HUSBAND OR WIFE Roberta Lea Thompson		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. 478-16-4175	
17. INFORMANT Paul Thompson		Address Lamoni Iowa		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Basilar Skull Fracture DUE TO (b) Auto Accident DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
INTERVAL BETWEEN ONSET AND DEATH Instant		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.) Vehicle in which deceased was riding struck by		20c. TIME OF INJURY 2:05 p.m. 1 10 59		20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) Hwy 66 1 Mi So Waynesville Cullen TS Pulaski Missouri		20f. CITY, TOWN, OR LOCATION Cullen TS Pulaski Missouri		20g. COUNTY Pulaski	
20h. STATE Missouri		21. I attended the deceased 1/10/59 and last saw him 1/10/59 Death occurred at 2:05 P m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE [Signature] (Degree or title) Coroner	
22b. ADDRESS Richland Missouri		22c. DATE SIGNED 1/10/1959		23a. BURIAL CREMATION, REMOVAL (Specify) Removal	
23b. DATE 1/12/1959		23c. NAME OF CEMETERY OR CREMATORY Kirk Cemetery		23d. LOCATION (City, town, or county) (State) Allendale, Missouri	
24. FUNERAL DIRECTOR Prugh - Dunfee F H Mount Ayr Iowa		25. DATE RECD. BY LOCAL REG. 1-12-59		26. REGISTRAR'S SIGNATURE [Signature]	

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 *Clarence Stross*

Licensed Embalmer No. *4896*
P. O. Address *Waynesville,*

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.