

Public Health Service
00-56

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. W.M. Carhart Alton Mo. THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006544
STATE FILE NUMBER

FILED MAR 9 1959 Registration District No. 255 Primary Registration District No. 4387 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Oregon	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Alton R#1 Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Alton R#1 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If outside, give location) Reside on Farm Riverton Community Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Louis Graham (Pete) Thompson		4. DATE OF DEATH Month Day Year 2-27-1959	
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 1-10-1895
9. AGE (In years last birthday) 64		10. KIND OF BUSINESS OR INDUSTRY retired Plumber	11. BIRTHPLACE (City and state or country) Paragould Ark.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Thompson		14. MOTHER'S MAIDEN NAME Rowena Walker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mrs. Mattie Thompson R#1 Alton Mo.		Address	
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>Cardiac hemoplegia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Essential hypertension</u> DUE TO (c) <u>Senile body changes</u>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> 443x
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.			
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 COUNTY STATE Alton Oregon Mo.
21. I attended the deceased from 3-14-56 to 2-27-59 and last saw him alive on 2-25-59 Death occurred at 7:20 a. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W.M. Carhart D.O. 2		22b. ADDRESS Alton, Missouri	
22c. DATE SIGNED 3-1-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-2-1959	23c. NAME OF CEMETERY OR CREMATORY Elmwood
23d. LOCATION (City, town, or county) (State) Blytheville Ark.			
24. FUNERAL DIRECTOR Cobb Funeral Home		25. DATE RECD. BY LOCAL REG. 3-4-59	26. REGISTRAR'S SIGNATURE Mrs W Johnson
ADDRESS Blvtheville Ark. (Licensed Embalmer's Statement on Reverse Side)			

2561 80 255

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by myself....., Student Embalmer No:.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed JR. Strall.....

Licensed Embalmer No..... 310

P. O. Address..... Blythevil

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.