

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008373
STATE FILE NUMBER

FILED APR 1 1959 Registration District No. 25 Primary Registration District No. 4036 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rich Hill		c. CITY OR TOWN Rich Hill 0070	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 214 W. Chestnut St		d. STREET ADDRESS (If outside, give location) 214 W Chestnut	
3. NAME OF DECEASED (Type or print) First Middle Last EVERETT FRANKLIN THOMPSON		4. DATE OF DEATH Month Day Year March 29 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 March 29 1913
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shovel operator		10b. KIND OF BUSINESS OR INDUSTRY coal	11. BIRTHPLACE (City and state or country) Nevada, Missouri
13a. FATHER'S NAME Frank H. Thompson		13b. MOTHER'S MAIDEN NAME Mary Dean	14. NAME OF HUSBAND OR WIFE Ida Mae 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. 495-07-1315	17. INFORMANT Address Mrs. Ida Mae Thompson-Rich Hill, 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) Coronary occlusion			INTERVAL BETWEEN ONSET AND DEATH 11 Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (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)			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.) 4201		
20c. TIME OF INJURY Hour Month, Day, Year 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 oct. 1954 to March 1959 and last saw her alive on March 16, 1959 Death occurred at 7:10 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Thomas F. Boyd D.D.		22b. ADDRESS Rich Hill, Mo.	22c. DATE SIGNED 3-31-59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 3/31/59	23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery	23d. LOCATION (City, town, or county) (State) Rich Hill, Missouri
24. FUNERAL DIRECTOR Booth funeral serv-Rich Hill, Mo.	ADDRESS 3/31/59	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE Edna Wouglans by Ruby Yarrick, Reg.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

APR 1 1959

APR 8 1959

VS JAN 29 1960

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 *Robert D. Steinbach*

Licensed Embalmer No. 4657.....
P. O. Address... Bethel, Me.....

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.