

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

59-017089

STATE FILE NUMBER

FILED MAY 25 1959 Registration District No. 71 Primary Registration District No. 2012 Registrar's No. 46

.300
 1-57

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri		b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Excelsior Springs	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Excelsior Hospital		Length of stay in 1b 12 hrs		d. STREET (If outside, give location) ADDRESS 6002 206 Saratoga	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					

3. NAME OF DECEASED (Type or print) First Middle Last Frances Pearl Thompson			4. DATE OF DEATH Month Day Year May 7, 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 9-20-1896	9. AGE (in years last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Dixon, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph Russell		13b. MOTHER'S MAIDEN NAME Margaret ?	
14. NAME OF HUSBAND OR WIFE Unknown		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. UNKNOWN	
17. INFORMANT Address Vernon Hendricks, 719 Kennedy.					

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis		1 week
DUE TO (c) Arteriosclerotic Heart Disease		unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200		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.)	
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 death occurred at May 1957 to May 7, 1959 and last saw her alive on May 7, 1959 m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) Ralph L. Nechelson, M.D.	22b. ADDRESS Excelsior Springs, Mo	22c. DATE SIGNED 5/8/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-9-59	23c. NAME OF CEMETERY OR CREMATORY Crown Hill	23d. LOCATION (City, town, or county) (State) Excelsior Springs, Mo.
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24. FUNERAL DIRECTOR ADDRESS Prichard Funeral Home, Inc. Excelsior Springs, Missouri	25. DATE RECD. BY LOCAL REG. 5-16-59	26. REGISTRAR'S SIGNATURE Caroline Hutchings
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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 *Ludell Jarman*

Licensed Embalmer No. *4589*
P. O. Address *Excelsior Springs, Mo.*

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.