

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS JUL 21 1959

59-024711

Registration District No. 120 Primary Registration District No. \_\_\_\_\_ Registrar's No. 66

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Gentry</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Albany, Mo.</b>		Length of stay in 1b <b>2 Days</b>	c. CITY OR TOWN <b>McFall</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Gentry Co. Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>5 Miles N.W. Mcfall</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>James</b> Middle <b>Nelson</b> Last <b>Thompson</b>			4. DATE OF DEATH Month <b>July</b> Day <b>14</b> Year <b>1959</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>2/23/71</b>	9. AGE (last birthday) <b>88</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired Farmer</b>	11. BIRTHPLACE (City and state or country) <b>Gentry Co. MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Charles Thompson</b>		13b. MOTHER'S MAIDEN NAME <b>Susan D. Haines</b>		14. NAME OF HUSBAND OR WIFE <b>Myrtle 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 None</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT <b>Miss Ruby Thompson, Omaha, Neb.</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>Cerebral hemorrhage</b> DUE TO (b) <b>arteriosclerosis degeneration</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <b>9 days</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 _____ a.m. _____ p.m. Month, Day, Year _____					
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	
21. I attended the deceased from <b>7/5 - 59</b> to <b>7/14/59</b> and last saw him alive on <b>7/14/59</b> Death occurred at <b>11:25 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>G.M. Deuman M.D.</b>			22b. ADDRESS <b>Albany, Mo.</b>		22c. DATE SIGNED <b>7/15/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>July 16, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Jones Chapel</b>		23d. LOCATION (City, town, or county) (State) <b>Harrison Co. Mo.</b>
24. FUNERAL DIRECTOR <b>W.H. Noble &amp; Son, Jct. Hampton Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7-15-59</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. L.W. Bare</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. G. Noble

Licensed Embalmer No. 2904

P. O. Address New Hamp

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.