

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026056

FILED 15 JUL 22 1959

Registration District No. 248 Primary Registration District No. 5844 Registrar's No. 12

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Newton</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Seneca</b> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3 mi. north of Seneca</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b> c. CITY OR TOWN <b>Seneca</b> d. STREET ADDRESS (If outside, give location) <b>3 mi. no. of Seneca</b>											
3. NAME OF DECEASED (Type or print) First <b>Eva</b> Middle <b>Aleta</b> Last <b>Thompson</b>				4. DATE OF DEATH Month <b>July</b> Day <b>13</b> Year <b>1959</b>											
5. SEX <b>Fem.</b>		6. COLOR OR RACE <b>white</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Jan. 10, 1908</b>		9. AGE (last birthday) <b>51</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>McDonald</b>				11. BIRTHPLACE (City and state or country) <b>Newton Co., Mo.</b>				12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
13a. FATHER'S NAME <b>John A. Thompson</b>				13b. MOTHER'S MAIDEN NAME <b>Dessie Rhine</b>				14. NAME OF HUSBAND OR WIFE <b>None</b>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>				16. SOCIAL SECURITY NO. <b>None</b>				17. INFORMANT <b>Mrs. Ned Sargent, rt 2, Seneca, Mo</b>				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) <b>Cardiac block</b> DUE TO (b) <b>Secondary Anemia</b> DUE TO (c) <b>Cardiac block</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <b>3 min.</b> <b>3 yrs.</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Concurrent mental debility</b>										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
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.)											
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>Aug 1958</b> to <b>July 13 '59</b> and last saw her alive on <b>July 8 '59</b> Death occurred at <b>5:00 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <b>John B. Roberts, D.O.</b> (Degree or title)						22b. ADDRESS <b>Seneca Mo.</b>			22c. DATE SIGNED <b>7/15/59</b>						
23a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7/15/59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Swars Prairie Meth. Cem.</b>			23d. LOCATION (City, town, or county) <b>Newton Co.</b>		STATE <b>Mo.</b>						
24. FUNERAL DIRECTOR <b>W E Beddlee</b> ADDRESS <b>Seneca Mo</b>				25. DATE RECD. BY LOCAL REG. <b>7-18-59</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Irene Russell</b>									

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

696. 9 3001

**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 E Billie*

Licensed Embalmer No. 2174

P. O. Address Seneca

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.