URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–036993

STATE FILE NUMBER

FILED VS OCT 20 1959 245

Registration District No. _____ Primary Registration District No. 3047 Registrar's No. 105

ENDED

1. PLACE OF DEATH
a. COUNTY Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho
Length of stay in 1b 12 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 507 Grant Ave.
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Newton
c. CITY OR TOWN Neosho
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 507 Grant Ave.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First James Middle William Last Thompson
4. DATE OF DEATH Month October Day 6 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5-28-1893
9. AGE (last birthday) 66
IF UNDER 1 YEAR Months Days; IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (City and state or country) McDonald Co., Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME James H. Thompson
13b. MOTHER'S MAIDEN NAME Mary Jenning
14. NAME OF HUSBAND OR WIFE Stella
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 531-18-5808
17. INFORMANT Stella Thompson, Address Neosho, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 2 yrs
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Feb 6 - 1957, to 10/6-1959 and last saw ~~her~~ him alive on 10/6/59
Death occurred at 7:5 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Melvin McCullough (Degree or title) DO
22b. ADDRESS Neosho Mo
22c. DATE SIGNED 10/7/59

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct. 9, 1959
23c. NAME OF CEMETERY OR CREMATORY Howard Cemetery
23d. LOCATION (City, town, or county) Goodman, Missouri (State)
24. FUNERAL DIRECTOR THOMPSON FUNERAL HOME, INC. ADDRESS Neosho, Mo
25. DATE RECD. BY LOCAL REG. 10-8-59
26. REGISTRAR'S SIGNATURE Melvin C. Bowman, M.D. Per R.N.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Carley Thompson Sr.

Signature of Student Embalmer

Licensed Embalmer No. 3259

P. O. Address Neosho M

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