

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039565

FILED VS NOV 23 1959

STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 253

UNRECORDED

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

3. NAME OF DECEASED (Type or print)	First Bruce	Middle Kern	Last Thompson	4. DATE OF DEATH	Month Nov.	Day 15,	Year 1959
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5. SEX Male	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 Jan 31, 1900	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SalesMan	10b. KIND OF BUSINESS OR INDUSTRY Air Conditioning	11. BIRTHPLACE (City and state or country) St. Clair, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME William Henry Thompson	13b. MOTHER'S MAIDEN NAME Cora Mae Baker	14. NAME OF HUSBAND OR WIFE Gladys Thompson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI	16. SOCIAL SECURITY NO. 499 01 4928	17. INFORMANT Buryl Thompson Webster Grove Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 3 days
IMMEDIATE CAUSE (a) ACUTE HEART VENT FAILURE	DUE TO (b) ADRIASELAROTIC QU DISASEN	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c) LONG STANDING ESSENTIAL HYPERTENSION	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) RECENT C.U.A. (6 wks. Ago)	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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour 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
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21. I attended the deceased from 1958 to Death and last saw him alive on 11-14-57 Death occurred at 10:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE John H. [Signature]	(Degree or title)	22b. ADDRESS St. Clair, Mo	22c. DATE SIGNED 11-16-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 18, 1959	23c. NAME OF CEMETERY OR CREMATORY Prospect Cemetery	23d. LOCATION (City, town, or county) Lonedell, Mo.	(State)
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24. FUNERAL DIRECTOR Casey Lenox	ADDRESS St. Clair, Mo.	25. DATE RECD. BY LOCAL REG. 11/19/59	26. REGISTRAR'S SIGNATURE [Signature]
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 23 1956 SA

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 K. M. Lenox, Jr., Student Embalmer No. 575

working under my personal supervision.

Student

K. M. Lenox, Jr.
Signature of Student Embalmer

Signed

K. M. Lenox

Licensed Embalmer No. 3601

P. O. Address St. Clair, 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.