URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

'59 0 4 3 2 1 8
STATE FILE NUMBER

FILED VS JAN - 4 1960

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 394

ENDED

1. PLACE OF DEATH
a. COUNTY Adair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville, Missouri
Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Grim-Smith Hospital & Clinics
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Macon
c. CITY OR TOWN LaPlata, Missouri
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) Route 5
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: James Middle: Robert Last: Thompson
4. DATE OF DEATH Month Day Year: December 21, 1959
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-30-98
9. AGE (last birthday): 61
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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Macon County Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: James Jesse Thompson
13b. MOTHER'S MAIDEN NAME: Lora Cole
14. NAME OF HUSBAND OR WIFE: Zelpha Ann Thompson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Hospital records, Kirksville, Mo. Address

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) Acute coronary thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: 36 hours
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 12-20-59, to 12-21-59 and last saw ~~her~~ him alive on 12-21-59
Death occurred at 5:36 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature]
22b. ADDRESS: Kirksville, Missouri
22c. DATE SIGNED: 12-23-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec 24 1959
23c. NAME OF CEMETERY OR CREMATORY: Chariton Grove
23d. LOCATION (City, town, or county) (State): Macon County Missouri,

24. FUNERAL DIRECTOR: W H McCollum
ADDRESS: South Gifford Mo
25. DATE RECD. BY LOCAL REG.: 12-28-1959
26. REGISTRAR'S SIGNATURE: Doris W. Ratliff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

J.B. Jones, M.D.

STATEMENT BY LICENSED EMBALMER

JAN

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 W. H. McCallum

Signature of Student Embalmer

Licensed Embalmer No. 2052

P. O. Address South Gifford "C

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