

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**=60-000988**

FILED VS. JAN 13 1960 / 20

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **5** STATE FILE NUMBER

DED

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Gentry</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gentry</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Albany</b>		Length of stay in lb <b>lifetime</b>		c. CITY OR TOWN <b>Albany</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>306 W. South St.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>306 W. South St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First <b>James</b> Middle <b>Oliver</b> Last <b>Thompson</b>				<b>4. DATE OF DEATH</b> Month <b>January</b> Day <b>7</b> Year <b>1960</b>				
<b>5. SEX</b> male	<b>6. COLOR OR RACE</b> white	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> 3/11/75	<b>9. AGE (last birthday)</b> 84	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) railroad carpenter retired		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> railroad		<b>11. BIRTHPLACE</b> (City and state or country) Gentry Co., Missouri		<b>12. CITIZEN OF WHAT COUNTRY</b> U.S.		
<b>13a. FATHER'S NAME</b> Alexander Thompson			<b>13b. MOTHER'S MAIDEN NAME</b> Rodantha Hamilton		<b>14. NAME OF HUSBAND OR WIFE</b> Mary E. Havens Thompson			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) no		<b>16. SOCIAL SECURITY NO.</b> -----		<b>17. INFORMANT</b> Mrs J.O. Thompson		Address <b>Albany, Mo.</b>		
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>myocardial stenosis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>20 Years</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <input checked="" type="checkbox"/>		DUE TO (c) <input checked="" type="checkbox"/>				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <input checked="" type="checkbox"/>					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			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/>	<b>SUICIDE</b> <input type="checkbox"/>	<b>HOMICIDE</b> <input checked="" type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)				
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m.		Month, Day, Year _____						
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		COUNTY		STATE
<b>21. I attended the deceased from</b> <b>8/19/57</b> to <b>1/7/60</b> and last saw him alive on <b>1/7/60</b> Death occurred at <b>6:30 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.								
<b>22a. SIGNATURE</b> <b>R. M. Durman, M.D.</b> (Degree or title)			<b>22b. ADDRESS</b> <b>Albany Mo</b>			<b>22c. DATE SIGNED</b> <b>1/8/60</b>		
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) burial	<b>23b. DATE</b> Jan 10, 1960	<b>23c. NAME OF CEMETERY OR CREMATORY</b> Grandview		<b>23d. LOCATION</b> (City, town, or county) Albany, Missouri				
<b>24. FUNERAL DIRECTOR</b> Brooks-Cochell Funeral Home Albany, Mo.			<b>25. DATE RECD. BY LOCAL REG.</b> 1-9-60		<b>26. REGISTRAR'S SIGNATURE</b> Mrs. L. W. Bay			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 14 1980

FEB 3 1980

**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 me, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

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

Signed Donald E. Cochell

Licensed Embalmer No. 4868

P. O. Address Albany, Mo.

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