

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

-60-005734  
STATE FILE NUMBER

FILED VS FEB 26 1960

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 29

V. S. 300  
Rev. 1-57

*m. o. s. e. u. e. n. t.*

securing the medical certification in the specific manner required by 193.140 MoRS 1949.  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.  
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kennett, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kennett, Mo.</b> <sup>03520</sup>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>217 Randol St.</b>		Length of stay in 1b <b>90</b>	d. STREET ADDRESS (If outside, give location) <b>217 Randol St.</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>William M. Thompson</b>			4. DATE OF DEATH Month Day Year <b>1-8-1960</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>3-14-1873</b>
9. AGE (In years last birthday) <b>86</b>		IF UNDER 1 YEAR Months <b>9</b> Days <b>24</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life) <b>construction work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Labor</b>	11. BIRTHPLACE (City and state or country) <b>Mammoth Springs, Ark.</b>
12. CITIZEN OF WHAT COUNTRY? <b></b>		13a. FATHER'S NAME <b>William Thompson</b>	13b. MOTHER'S MAIDEN NAME <b>Francis Price</b>
14. NAME OF HUSBAND OR WIFE <b>Julia Thompson</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>none</b>
17. INFORMANT <b>Mrs. Julia Thompson, Kennett, 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>Arteriosclerotic heart disease c</b> <b>recent myocardial infarction, and</b> <b>congestive heart failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (a) <b></b> DUE TO (c) <b>4200</b>			INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>gangrene left leg due to embolus from heart</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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>4 Dec 59</b> to <b>8 Jan 60</b> and last saw <sup>her</sup> <del>him</del> alive on <b>7 Jan 60</b> Death occurred at <b>about 2:00 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>William E Morehead M. D.</b>		22b. ADDRESS <b>Kennett Mo</b>	22c. DATE SIGNED <b>13 Feb 60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1-10-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Ridge</b>	23d. LOCATION (City, town, or county) (State) <b>Kennett Mo.</b>
24. FUNERAL DIRECTOR <b>McDaniel Funeral Ser. Kennett, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Feb-15-1960</b>	26. REGISTRAR'S SIGNATURE <i>Carl H. ...</i>

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West, 2-23-60  
Co. Files No. 260-60

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 ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Louise T. Roberts .....

Licensed Embalmer No. 4886 .....

P. O. Address Permitt, M .....

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.