

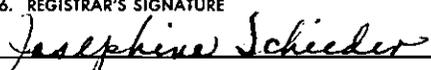
UNIFORM DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-016295

FILED VS APR 28 1960

STATE FILE NUMBER

Registration District No. 256 Primary Registration District No. 4388 Registrar's No. 3

|  |  |  |  |  |   |
|--|--|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>OSAGE</b>  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Osage</b> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CHAMOIS</b>   |  | Length of stay in 1b <b>42 yrs</b>   | c. CITY OR TOWN <b>Chamois</b>   |  | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION  |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) <b>R F D</b>   |  | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>           |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Harrison</b> Middle <b>Ray</b> Last <b>Thompson</b>  |  |  | 4. DATE OF DEATH<br>Month <b>April</b> Day <b>20</b> Year <b>1960</b>  |  |   |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>10-4-17</b>  | 9. AGE (last birthday) <b>42</b>   | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>16</b>                                 |
| IF UNDER 24 HR.<br>Hours <b></b> Min. <b></b>  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)                          |  | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and state or country) <b>St. Aubert, Mo.</b>  | 12. CITIZEN OF WHAT COUNTRY <b>U S A</b>  |
| 13a. FATHER'S NAME <b>Castin Thompson</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Maude May McKinney</b>  |  | 14. NAME OF HUSBAND OR WIFE <b>Never married</b>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW II</b>  | 16. SOCIAL SECURITY NO. <b>322-12-0704</b>   | 17. INFORMANT Address <b>Chesley Thompson, Chamois, Mo. RR</b>   |  |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Accidental Drowning in Flood Waters</b>   |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>                                   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |  | DUE TO (b) <b>Falling into flooded stream</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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input checked="" 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.) <b>Falling into flooded stream</b>                          |  |  |   |
| 20c. TIME OF INJURY<br>Hour _____ s.m. _____ p.m. <b>8 - 20-60</b>   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>    | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>In a creek</b>   | 20f. CITY, TOWN, OR LOCATION <b>Chamois</b>  | COUNTY <b>Osage</b>  | STATE <b>Missouri</b>   |
| 21. I attended the deceased from _____, to _____ and last saw <sup>dead</sup> him <sup>alive</sup> on <b>4-22-1960</b><br>Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. |  |  |  |  |   |
| 22a. SIGNATURE (Degree or title)  <b>Coroner</b>  |  |  | 22b. ADDRESS <b>Box 255, Linn, Mo.</b>   |  | 22c. DATE SIGNED <b>4-23-60</b>   |
| 23a. BURIAL CREATION, REMOVAL (Specify) <b>Burial</b>  | 23b. DATE <b>4-25-60</b>   | 23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>  | 23d. LOCATION (City, town, or county) (State) <b>Jefferson City, Mo.</b>   |  |   |
| 24. FUNERAL DIRECTOR'S ADDRESS <b>Clyde Morton, Linn, Mo.</b>  |  | 25. DATE RECD. BY LOCAL REG. <b>April 24, 1960</b>   | 26. REGISTRAR'S SIGNATURE                           |  |   |

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NS APR 28 1960

NS MAR 16 1960

SEP 14 1960

STATEMENT BY LICENSED EMBALMER

MAY 2 1960

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

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Vernon M. Moore

Licensed Embalmer No. 4125

P. O. Address Linn

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.