

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

-60-020325

ED VS MAY 20 1960

INDEXED

Registration District No. 273 Primary Registration District No. — Registrar's No. 66

STATE FILE NUMBER

| | | | |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Perry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Perry | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Central Twp. | | c. CITY OR TOWN Perryville | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pine Lawn Nursing Home | | d. STREET ADDRESS R.3. | |
| 3. NAME OF DECEASED (Type or print) First Linn Middle Lyle Last Thompson | | 4. DATE OF DEATH Month May Day 3 Year 1960 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH May 27, 1870 |
| 9. AGE (last birthday) 89 | | 10. IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and state or country) Illinois | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | |
| 14. NAME OF HUSBAND OR WIFE Robert Thompson | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Ed. Thompson, Lithium, Mo. | |
| 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 myocardial failure DUE TO (b) Myocardial infarction DUE TO (c) Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | INTERVAL BETWEEN ONSET AND DEATH | |
| 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 2:00 a.m. P. m. M. | |
| 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.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY | |
| 20g. STATE | | 20h. DATE OF DEATH | |
| 21. I attended the deceased from 1958 to 5/3/60 and last saw her alive on 5/3/60 Death occurred at 2:00 P. M. on the date stated above, and to the best of my knowledge, from the causes stated. | | 22. SIGNATURE (Degree or title) Dr. M. W. Wredman | |
| 22a. ADDRESS Perryville, Mo. | | 22b. DATE SIGNED 5/4/60 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE May 5, 1960 | |
| 23c. NAME OF CEMETERY OR CREMATORY Home Cemetery | | 23d. LOCATION (City, town, or county) Perryville, Mo. | |
| 24. FUNERAL DIRECTOR Albert H. H. Perryville, Mo. | | 25. DATE RECD. BY LOCAL REG. 5-5-60 | |
| 26. REGISTRAR'S SIGNATURE Joe J. Zoellner | | 27. (Licensed Embalmer's Statement on Reverse Side) | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

~~on~~ by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Albert B.

Licensed Embalmer No. *3876*

P. O. Address *Perryville*

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.