

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022153

FILED VS MAY 23 1960

Registration District No. 373 Primary Registration District No. 4575 Registrar's No. 24 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARSHFIELD		Length of stay in 1b	c. CITY OR TOWN NIANGUA MO
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First EDGAR Middle W Last THOMPSON			4. DATE OF DEATH Month MAY Day 16 Year 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-24-1887	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) MISSOURI		
13a. FATHER'S NAME ROBERT THOMPSON		13b. MOTHER'S MAIDEN NAME ANN DAVIS		14. NAME OF HUSBAND OR WIFE MINNIE		
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. 500-14-6262		17. INFORMANT Address MINNIE THOMPSON NIANGUA		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cardiac arrhythmic, Vent.		2 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) acute coronary occlusion	2 min.
	DUE TO (c) arteriosclerotic heart disease c/lt BBB	5 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) chronic cardiac & Bronchial asthma.		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	
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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 WORK <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
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21. I attended the deceased from **8/5/57** to **5/16/60** and last saw ^{her}him alive on **5/19/60**.
Death occurred at **11³⁶ am. (D.O.A.)** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J. M. Macdonnell MD	22b. ADDRESS Marshfield, Mo.	22c. DATE SIGNED 18 May 60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5-18-1960	23c. NAME OF CEMETERY OR CREMATORY NIANGUA	23d. LOCATION (City, town, or county) (State) NIANGUA MO
24. FUNERAL DIRECTOR BARBER-EDWARDS	ADDRESS MARSHFIELD	25. DATE RECD. BY LOCAL REG. 5-19-60	26. REGISTRAR'S SIGNATURE <i>J. L. Francis</i>

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

