

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027586

FILED VS JUL 27 1960

Registration District No. 195 Primary Registration District No. 4308 Registrar's No. 60-60 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY McDonald				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY McDonald					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Noel		Length of stay in 1b 19 mos.		c. CITY OR TOWN Noel		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) City			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Lorene Middle Mae Last Thompson				4. DATE OF DEATH Month July Day 16 Year 1960					
5. SEX female		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 9-20-1910		9. AGE (last birthday) 49	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY same		11. BIRTHPLACE (City and state or country) Lamar, Missouri		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Geo. Edwards Weed			13b. MOTHER'S MAIDEN NAME Luellen Cooper			14. NAME OF HUSBAND OR WIFE Charles R. Thompson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none			16. SOCIAL SECURITY NO. 495-07-1576		17. INFORMANT Address Mr. Charles R. Thompson Noel, 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) Massive Pulmonary Hemorrhage DUE TO (b) Bullet Wound in Chest - Sudden DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) .38 Cal. Bullet Wound in Chest.						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			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) .38 Cal. Bullet Wound in Chest					
20c. TIME OF INJURY Hour 9:45 p.m. Month, Day, Year 7-16-60		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.) Adams Home yard. 20f. CITY, TOWN, OR LOCATION Noel COUNTY McDonald STATE Mo.							
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at 9:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) J. M. Humphrey Jr. Coroner				22b. ADDRESS Noel Mo.				22c. DATE SIGNED 7-18-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE July 18-1960		23c. NAME OF CEMETERY OR CREMATORY Lake Cemetery			23d. LOCATION (City, town, or county) Lamar, Mo.		
24. FUNERAL DIRECTOR Humphrey & Son Noel, Missouri				25. DATE RECD. BY LOCAL REG. July 18, 1960		26. REGISTRAR'S SIGNATURE (Signature) Jean Sweet Dorsett			

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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *J. M. Humphrey*

Licensed Embalmer No. 4708

P. O. Address Noel 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.