

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034479

FILED VS OCT 10 1960

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1013

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>	Length of stay in 1b <u>3 years</u>	c. CITY OR TOWN <u>Springfield</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1219 N. Jefferson Ave</u>		d. STREET ADDRESS <u>1219 N. Jefferson</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>JESS</u> Middle <u>HARRISON</u> Last <u>THOMPSON</u>			4. DATE OF DEATH Month <u>October</u> Day <u>4</u> , Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/6/1889</u>	9. AGE (last birthday) <u>70</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>realestate</u>		11. BIRTHPLACE (City and state or country) <u>Montreal, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>J.C. Thompson</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Bruin</u>	
14. NAME OF HUSBAND OR WIFE <u>Opal Thompson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No <u>None</u>			
16. SOCIAL SECURITY NO. <u>499-16-1420A</u>			17. INFORMANT <u>Mrs. Jess Thompson Springfield, Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gun shot wound in head</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (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. <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 type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>He apparantly shot himself in the right side of his head with a 38 cal. revolver.</u>	
20c. TIME OF DEATH Hour <u>8:00 P.M.</u> a.m. <u>1:00 P.M.</u> Month, Day, Year <u>10/4/1960</u>		The slug exited from the left side of his head. He was reportedly in ill health & despondant.	
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.) <u>at home</u>	
20f. CITY, TOWN, OR LOCATION <u>Springfield, Greene, Missouri</u>		COUNTY STATE	

21. I attended the deceased from _____ to _____ and last saw her alive on _____
 Death occurred at 1:00 P.M. approx. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Ralph H. Thieme</u> County Coroner		22b. ADDRESS <u>Springfield, Missouri</u>	
22c. DATE SIGNED <u>10/5/60</u>		23. NAME OF CEMETERY OR CREMATORY <u>Freedom Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Camden County Mo.</u>		24. FUNERAL DIRECTOR <u>Ralph Thieme</u>	
25. DATE RECD. BY LOCAL REG. <u>10-5-1960</u>		26. REGISTRAR'S SIGNATURE <u>Effie S. Melton</u>	

(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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student, Embalmer

Signed Heith Collier

Licensed Embalmer No. 363

P. O. Address Spring

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.