URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-038764

FILED VS NOV 14 1960

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 531

STATE FILE NUMBER

NDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Freeman Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Joplin — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 310 Walnut Street — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Frank Middle LeRoy Last Thompson

4. DATE OF DEATH Month November Day 7 Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH Jul 12 1912

9. AGE (last birthday) 48 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Produce Dealer

10b. KIND OF BUSINESS OR INDUSTRY Food-Wholesale

11. BIRTHPLACE (City and state or country) Seneca, Missouri

12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME Alec Thompson

13b. MOTHER'S MAIDEN NAME —

14. NAME OF HUSBAND OR WIFE Elizabeth Walker Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W W 2

16. SOCIAL SECURITY NO. —

17. INFORMANT Address Mrs Elizabeth Walker Thompson, Joplin, 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) Malignant lymphoma — INTERVAL BETWEEN ONSET AND DEATH unknown
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8-17-60, to and last saw her/him alive on 11-6-60
Death occurred at 7:40 AM 11-7-60 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Adam T. Smith, M.D.

22b. ADDRESS Medical Arts Bldg. Joplin, Mo.

22c. DATE SIGNED 11-8-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Nov. 9, 1960

23c. NAME OF CEMETERY OR CREMATORY Osborne Memorial Park

23d. LOCATION (City, town, or county) (State) Joplin, Missouri

24. FUNERAL DIRECTOR ADDRESS Hurlbut-Glover Mortuary Joplin, Mo.

25. DATE RECD. BY LOCAL REG. 11-9-1960

26. REGISTRAR'S SIGNATURE Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

NOV 17 1960

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_____ Signed Dale Glo

Signature of Student Embalmer

Licensed Embalmer No. 4593

P. O. Address Joplin, Missour

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