

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-043182**

**FILED VS DEC 12 1960**

Registration District No. 301 Primary Registration District No. 4450 Registrar's No. 81

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Ripley</u> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Doniphan</u> Length of stay in lb <u>1 day</u> c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ripley Co. Memorial Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____ c. CITY OR TOWN <u>St. Louis 7</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (if outside, give location) <u>1413 N. Park Place</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>Harry Clifford Thompson</u>			<b>4. DATE OF DEATH</b> Month Day Year <u>Nov. 20, 1960</u>				
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>April 9 1906</u>	<b>9. AGE (last birthday)</b> <u>54</u>	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Railroad Carman</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Railroad</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Ripley County, Missouri</u>			
<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>		<b>13a. FATHER'S NAME</b> <u>L.H. Thompson</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Edna Bowers</u>			
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Retta Thompson</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		<b>16. SOCIAL SECURITY NO.</b> <u>493-10-2034</u>			
<b>17. INFORMANT</b> <u>Retta Thompson, 1413 N. Park Place, St. Louis, Mo.</u>		<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u>			
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			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)					
<b>20c. TIME OF INJURY</b> Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____							
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE			
<b>21. I attended the deceased from</b> <u>Nov 19, 1960</u> to <u>Nov 20, 60</u> and last saw <sup>her</sup> him alive on <u>11/20/60</u> Death occurred at <u>4:04 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> (Degree or title) <u>Frank C. Johnson, M.D.</u>			<b>22b. ADDRESS</b> <u>Doniphan, Mo.</u>		<b>22c. DATE SIGNED</b> <u>11/21/60</u>		
<b>23a. BURIAL, CREMATION REMOVAL (Specify)</b>		<b>23b. DATE</b>		<b>23c. NAME OF CEMETERY OR CREMATORY</b>			
<u>Burial</u>		<u>Nov. 22, 1960</u>		<u>Macedonia Cemetery</u>			
<b>23d. LOCATION</b> (City, town, or county)		<b>23e. REGISTRAR'S SIGNATURE</b>		<b>23f. ADDRESS</b>			
<u>Ripley Co., Missouri</u>		<u>Flava Broz</u>		<u>12-7-60</u>			
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Ray Means, Doniphan, Missouri</u>			<b>25. DATE REQD. BY LOCAL REG.</b>		<b>26. REGISTRAR'S SIGNATURE</b>		
<u>12-7-60</u>			<u>Flava Broz</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 19 1960

NOV 14 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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Ray Meams

Licensed Embalmer No. 3743

P. O. Address Doniphan

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.