

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007409

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 379 Primary Registration District No. 4553 Registrar's No. 12

FILED VS MAR 10 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY WRIGHT		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 MANSFIELD		Length of stay in 1b 3 DAYS	c. CITY OR TOWN SEYMOUR Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MANSFIELD HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ROUTE 3 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ROY Middle W. THOMPSON Last			4. DATE OF DEATH Month 3 Day 1 Year 61
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH MAY 10, 1907
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOUGLAS AIRCRAFT EMPLOYEE		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 54 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11a. FATHER'S NAME MATHEW THOMPSON		11b. MOTHER'S MAIDEN NAME EFFIE CHISEM	11. BIRTHPLACE (City and state or country) MONROE CITY MO.
12. CITIZEN OF WHAT COUNTRY U.S.A.		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT GOLDIE MAYNARD SEYMOUR, MO, RT 3 Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sepsis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Suffice (Purulent) Peritonitis DUE TO (c) Primary Adenoma prostate			INTERVAL BETWEEN ONSET AND DEATH 3 days 14 1/2
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 checked="" 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 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		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	
21. I attended the deceased from 12/30/60 to 3/1/61 and last saw her ^{her} _{him} alive on 3/1/61 . Death occurred at 1:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J.P. Gee (Degree or title) D.O.		22b. ADDRESS SEYMOUR	22c. DATE SIGNED 3/3/61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-3-61	23c. NAME OF CEMETERY OR CREMATORY SALTICK BAPTIST	23d. LOCATION (City, town, or county) SPANDING MO.
24. FUNERAL DIRECTOR Robert Bergman Seymour, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 3-3-61	26. REGISTRAR'S SIGNATURE Handwritten Signature

MAR 10 1967

JAN 5 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

for by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Max E Miller

Licensed Embalmer No. 4720

P. O. Address Mansfield Mo

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.