# ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

-61-030219
STATE FILE NUMBER

AMENDED

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 170

FILED SEP 11 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT |
|---|---|---|---|---|
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1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville — Length of stay in 1b 25 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1102 East Cooper — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Nodaway
c. CITY OR TOWN Maryville — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1102 East Cooper — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First JACKIE Middle LEE Last THOMPSON
4. DATE OF DEATH Month 9 Day 6 Year 61
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12/20/35
9. AGE (last birthday) 25 — 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) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (City and state or country) Maryville, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME James M. Thompson
13b. MOTHER'S MAIDEN NAME Leona Pearl Shelton
14. NAME OF HUSBAND OR WIFE Bonnie Jean Foster Thompson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address Mrs. Bonnie Jean Thompson, Maryville Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH ~~Inst~~
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chr. Rheumatic Valvular Heart Disease — 10 yrs
DUE TO (c) Mitral Stenosis
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 1953 to 9/6/61 and last saw him alive on 8/1/60
Death occurred at 11:10 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. D.
22b. ADDRESS Maryville, Missouri
22c. DATE SIGNED 9/8/61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 9/9/61
23c. NAME OF CEMETERY OR CREMATORY Oak Hill
23d. LOCATION (City, town, or county) (State) Maryville, Missouri

24. FUNERAL DIRECTOR ADDRESS Price Funeral Home, Maryville, Mo
25. DATE RECD. BY LOCAL REG. 9-8 61
26. REGISTRAR'S SIGNATURE Bess Gold

(Licensed Embalmer's Statement on Reverse Side)

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

Student_____
Signature of Student Embalmer

Signed John W. Price

Licensed Embalmer No. 4281

P. O. Address Maryville

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.