

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-022103

042

1000

686

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 686

VS 300
Rev. 4/59

15117

25117

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

b.H. Fuson, M.D. MEDICAL CERTIFICATION

1. **FILED JUN 18 1962**

a. COUNTY **Buchanan**

b. CITY (If outside corporate limits, give TOWNSHIP only) **St. Joseph** Length of stay in lb **50 years**

c. FULL NAME OF (IF NOT in hospital, give location) **St. Josephs Hospital** Inside Limits **Yes** No

d. STREET ADDRESS (If outside, give location) **1013 Angelique** Reside on Farm **Yes** No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **Buchanan**

c. CITY OR TOWN **St. Joseph** Inside Limits **Yes** No

3. NAME OF DECEASED (Type or print) First **JOHN** Middle **EDWARD** Last **THOMPSON** 4. DATE OF DEATH **June 11, 1962**

5. SEX **male** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **8/25/1888** 9. AGE (last birthday) **73**

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) **hoisting engineer** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) **Tarkio, Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **John Thopson** 13b. MOTHER'S MAIDEN NAME **Catherine Major** 14. NAME OF HUSBAND OR WIFE **Marian B.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. **unknown** 17. INFORMANT **Mrs. John Thompson, 1013 Angelique,** Address **St. Joseph, 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) **Dissecting Aneurysm Thoracic Aorta with Rupture** INTERVAL BETWEEN ONSET AND DEATH **12 days**

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 **6-1-62** to **6-17-62** and last saw her/him alive on **6-10-62**. Death occurred at **7:30 a.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Dr. H. Fuson** (Degree or title) **MD** 22b. ADDRESS **St Joseph Mo** 22c. DATE SIGNED **6-12-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 23b. DATE **6/13/1962** 23c. NAME OF CEMETERY OR CREMATORY **Mt. Olivet Cemetery** 23d. LOCATION (City, town, or county) **St. Joseph Mo.** (State)

24. FUNERAL DIRECTOR **Heaton-Bowman** ADDRESS **St. Joseph, Mo.** 25. DATE RECD. BY LOCAL REG. **June 15, 1962** 26. REGISTRAR'S SIGNATURE **Mrs. Clark Goodell**

USE BLACK INK OR TYPEWRITER RIBBON

JUN 22 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,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ernest Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St Joseph, 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.