

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022163
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 43
FILED JUN 19 1962

Primary Registration District No. 5144 Registrar's No. 847

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Michigan COUNTY Wayne	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fisk		c. CITY OR TOWN Detroit	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St Francis River Fisk		d. STREET ADDRESS (If outside, give location) 9378 Bessemore	
3. NAME OF DECEASED (Type or print) First Grady Middle Terry Last Tompson		4. DATE OF DEATH 5-18-1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-11-1946
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Boy		10b. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (last birthday) 15
11. BIRTHPLACE (City and state or country) Gideon Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Willie Tompson		13b. MOTHER'S MAIDEN NAME Jean Brewer	
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. None	
17. INFORMANT Willie Tompson, Detroit, Mich.		14. NAME OF HUSBAND OR WIFE Never Married	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation DUE TO (b) Suffocation by drowning DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Was in swimming	
20c. TIME OF INJURY 8 Hour a.m. p.m. 5-18-62 Month, Day, Year	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) St Francis River Fisk	20f. CITY, TOWN, OR LOCATION COUNTY STATE Butler Mo	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Chover W. Green Coroner		22b. ADDRESS Poplar Bluff Mo	
22c. DATE SIGNED 5-21-62		23d. LOCATION (City, town, or county) (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-18-1962	23c. NAME OF CEMETERY OR CREMATORY McGlenby Cemetery	
24. FUNERAL DIRECTOR J.C. White		25. DATE RECD. BY LOCAL REG. 6/16/1962	
ADDRESS Fisk, Mo.		26. REGISTRAR'S SIGNATURE Thelma Graham	

USE BLACK INK OR TYPEWRITER RIBBON
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 VS 300 Rev. 4/59
 0120
 2110
 3
 4 0
 5 0
 6
 7 0
 8 2
 99298
 10 42
 11 012
 12 91-3
 13 1-1

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 Raymond L. Duffie

Licensed Embalmer No. 4798

P. O. Address Berme, 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.