

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024072  
STATE FILE NUMBER

Registration District No. 251 Primary Registration District No. \_\_\_\_\_ Registrar's No. 161

DO NOT WRITE ON THIS STUB

AMENDED

<b>FILED JUN 18 1962</b>	
1. PLACE OF DEATH	
a. COUNTY <b>Nodaway</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Polk Township</b>	a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Nodaway Rest Home</b>	c. CITY OR TOWN <b>Parnell</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS <b>none</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED	
First <b>JAMES</b> Middle <b>HARVEY</b> Last <b>THOMPSON</b>	4. DATE OF DEATH
(Type or print)	Month <b>6</b> Day <b>11</b> Year <b>62</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/5/74</b>
9. AGE (last birthday) <b>88</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Oil distributor-retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Oil Company</b>
11. BIRTHPLACE (City and state or country) <b>Parnell, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Louis F. Thompson</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Elizabeth Anderson</b>
14. NAME OF HUSBAND OR WIFE <b>Anna Hutchison Thompson</b>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>
16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Mrs. Tom Birkenholz, Maryville, Mo.</b> 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) <b>Cerebral Hemorrhage</b>	INTERVAL BETWEEN ONSET AND DEATH _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</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. <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 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 _____ a.m. _____ p.m. 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 <b>Parnell</b> COUNTY <b>Nodaway</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>June 7 62</b> <b>11:00</b> A. on the date stated above, and to the best of my knowledge, from the causes stated. and last saw him alive on <b>6-11-62</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>P. J. Gaster</b> (Degree or title) <b>D.O.</b>	22b. ADDRESS <b>Maryville, Missouri</b>
22c. DATE SIGNED <b>6/12/62</b>	
23a. BURIAL, CREMATION REMOVAL (Specify) <b>burial</b>	23b. DATE <b>6/13/62</b>
23c. NAME OF CEMETERY OR CREMATORY <b>Parnell</b>	
23d. LOCATION (City, town, or county) <b>Parnell, Missouri</b> (State) _____	
24. FUNERAL DIRECTOR <b>Price Funeral Home, Maryville, Mo</b> ADDRESS _____	25. DATE RECD. BY LOCAL REG. <b>6-12-62</b>
26. REGISTRAR'S SIGNATURE <b>Miss Bolt</b>	

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**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 *J. M. Merritt*

Licensed Embalmer No. 5188

P. O. Address *Maryville 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.