

FILED

## CERTIFICATE OF DEATH

DEC 14 1972

Registration District No. 386

Primary Registration District No.

124

72 025959

Registrar's No. 232

DO NOT WRITE  
ON THIS STUBVS 300  
Rev. 1/70

|  |  |  |                         |   |  |   |   |
|--|--|--|-------------------------|---|--|---|---|
| DECEASED—NAME  |  | FIRST  | MIDDLE                  | LAST  | SEX  | DATE OF DEATH (MONTH, DAY, YEAR)  |   |
| 1. GROVER CLEVELAND THOMPSON   |  |  |                         |   | Male   | December 3, 1972  |   |
| RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)   |  | AGE—LAST BIRTHDAY (YEARS)  | UNDER 1 YEAR            | UNDER 1 DAY   | DATE OF BIRTH (MONTH, DAY, YEAR)   |   | COUNTY OF DEATH   |
| 4. White   |  | 5a. 81   | 5b. MOS. DAYS           | 5c. HOURS MIN.  | 6. October 12, 1891  |   | Linn  |
| CITY, TOWN, OR LOCATION OF DEATH   |  | INSIDE CITY LIMITS (SPECIFY YES OR NO)   |                         | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) |  |   |   |
| 7b. Brookfield   |  | 7c. Yes  |                         | 7d. Whitehaven  |  |   |   |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)  |  | CITIZEN OF WHAT COUNTRY  |                         | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)                           |  | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)  |   |
| 8. Missouri  |  | 9. USA   |                         | 10. Married   |  | 11. Blanche Cassity Thompson  |   |
| SOCIAL SECURITY NUMBER   |  | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) |                         | KIND OF BUSINESS OR INDUSTRY  |  |   |   |
| 12. 487-01-5228  |  | 13a. Farmer ret  |                         | 13b. Own farm   |  |   |   |
| RESIDENCE—STATE  |  | COUNTY   | CITY, TOWN, OR LOCATION | INSIDE CITY LIMITS (SPECIFY YES OR NO)  |  | STREET AND NUMBER   |   |
| 14c. Missouri  |  | 14b. Linn  | 14a. Linneus            | 14d. No   |  | 14e. RFD 1  |   |
| FATHER—NAME  |  | FIRST  | MIDDLE                  | LAST  | MOTHER—MAIDEN NAME   |   |   |
| 15. Thomas J. Thompson   |  |  |                         |   | 16. Jane Simmons   |   |   |
| INFORMANT—NAME   |  | MAILING ADDRESS  |                         | (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)                              |  |   |   |
| 17c. Mrs. Blanche Thompson   |  | 17b. RFD 1, Linneus, Mo.   |                         | 64653   |  |   |   |
| PART I. DEATH WAS CAUSED BY:   |  | [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]                                  |                         |   |  |   | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH                  |
| 18   |  | IMMEDIATE CAUSE  |                         |   |  |   |   |
| (a) Carcinomatous  |  |  |                         |   |  |   | Months  |
| DUE TO, OR AS A CONSEQUENCE OF:  |  |  |                         |   |  |   |   |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST  |  | (b) Cancer of prostate gland   |                         |   |  |   | 5 years   |
| DUE TO, OR AS A CONSEQUENCE OF:  |  |  |                         |   |  |   |   |
| (c)  |  |  |                         |   |  |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)   |  | AUTOPSY (YES OR NO)  |                         |   |  |   | IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH |
| 20a.   |  | 19a.   |                         |   |  |   | 19b.  |
| ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)   |  | DATE OF INJURY (MONTH, DAY, YEAR)  |                         | HOUR  | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I (a) OR PART II, ITEM 18) |   |   |
| 20b.   |  | 20c.   |                         | 20d.  | 20e.   |   |   |
| INJURY AT WORK (SPECIFY YES OR NO)   |  | PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)           |                         | LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)                          |  | IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS  |   |
| 20f.   |  | 20g.   |                         | 20h.  |  | 20i.  |   |
| CERTIFICATION—PHYSICIAN:   |  | MONTH  | DAY                     | YEAR  | MONTH  | DAY   | YEAR  |
| 21a. I ATTENDED THE DECEASED FROM  |  | 1971   | 10                      | 1972  | 21c. Nov 1972  | 21d. Not  | 21e. Not  |
| CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. |  | HOUR OF DEATH  |                         | THE DECEASED WAS PRONOUNCED DEAD  |  | DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. |   |
| 22a.   |  | 22b.   |                         | 22c.  |  | 22d.  |   |
| CERTIFIER—NAME (TYPE OR PRINT)   |  | SIGNATURE  |                         | DEGREE OR TITLE   |  | DATE SIGNED (MONTH, DAY, YEAR)  |   |
| 23a. B D Howell  |  | 23b. B D Howell  |                         | MD  |  | 23c. 12-5-72  |   |
| MAILING ADDRESS—CERTIFIER  |  | STREET OR R.F.D. NO.   |                         | CITY OR TOWN  |  | STATE ZIP   |   |
| 23d.   |  | 23e.   |                         | 23f.  |  | 23g.  |   |
| BURIAL, CREMATION, REMOVAL (SPECIFY)   |  | CEMETERY OR CREMATORY—NAME   |                         | LOCATION  |  | CITY OR TOWN STATE  |   |
| 24a. Burial  |  | 24b. Park Lawn   |                         | 24c. Brookfield   |  | Mo. 10-PM   |   |
| DATE (MONTH, DAY, YEAR)  |  | FUNERAL HOME—NAME AND ADDRESS  |                         | STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP                                |  |   |   |
| 24d. Dec. 6, 1972  |  | 24e. Wright Funeral Home   |                         | 221 E. Park St., Brookfield, Mo.  |  |   |   |
| FUNERAL DIRECTOR—SIGNATURE   |  | REGISTRAR—SIGNATURE  |                         | DATE RECEIVED BY LOCAL REGISTRAR  |  |   |   |
| 25a. Harold Burwright  |  | 25b. Anna Watson   |                         | 25c. 12-9-72  |  |   |   |

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

**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 Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.