

FILED JAN 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3610

BIRTH NO. 71076-54 REG. DIST. NO. 334 PRIMARY REG. DIST. NO. 6124 Registrar's No. 309

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eminence		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Troy
d. FULL NAME OF HOSPITAL OR INSTITUTION X		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) X 0570	

3. NAME OF DECEASED (Type or Print) a. (First) Stanley b. (Middle) Edward c. (Last) Thompson			4. DATE OF DEATH (Month) (Day) (Year) 1-2-55		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Oct 14 1954	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 2 Days 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X		10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (City and State or Foreign Country) Lincoln-Co Hosp Troy Mo	
12. CITIZEN OF WHAT COUNTRY? U S					

13a. FATHER'S NAME Dale E Thompson	13b. MOTHER'S MAIDEN NAME Normalee Bunch	14. NAME OF HUSBAND OR WIFE XX
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X (If yes, give war or dates of service) X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Dale E Thompson ADDRESS Troy Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH sudden month
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Compression of Trachea		
	PRECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Swelling of Thyroid gland DUE TO (c) Status Lymphaticus		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Very minimal bronchopneumonia			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:35 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles F. Wilson - Shannon County Coroner	23b. ADDRESS Eminence Mo	23c. DATE SIGNED 1-5-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1-3-55	24c. NAME OF CEMETERY OR CREMATORY Shannondale Cem	24d. LOCATION (City, town, or county) (State) Shannon Co Mo
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DATE REC'D BY LOCAL REG. 1-10-55	REGISTRAR'S SIGNATURE Mabel Sellers 442-	25. FUNERAL DIRECTOR'S SIGNATURE Carl H. Wilson ADDRESS Shannon Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
David J. Gunn

Licensed Embalmer No. *237*

P. O. Address *St. Louis, 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.