

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1395
181

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 3 Yrs.		d. STREET ADDRESS (If rural, give location) 711 West 18th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 711 West 18th Street			

3. NAME OF DECEASED (Type or Print) a. (First) Howard b. (Middle) Joseph c. (Last) Thompson			4. DATE OF DEATH (Month) (Day) (Year) Jan. 12 1950		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 24, 1899	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months 9 Day 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police Guard		10b. KIND OF BUSINESS OR INDUSTRY Civil Service	11. BIRTHPLACE (State or foreign country) Kansas		12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Howard Joseph Thompson		13b. MOTHER'S MAIDEN NAME Stella Runyon		14. NAME OF HUSBAND OR WIFE Emma Gale Coddington	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I		16. SOCIAL SECURITY NO. 495-07-9322		17. INFORMANT'S SIGNATURE OR NAME John Gregg ADDRESS 318 East 27th	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 30 min.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malignant Hypertensive Vascular Disease		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 10, 1949**, to **Jan 12, 1950**, that I last saw the deceased alive on **Jan 6, 1950**, and that death occurred at **11:55 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. Underwood (Degree or title) M.D.	23b. ADDRESS 1600 Prof. Bldg. Kansas City, Mo	23c. DATE SIGNED Jan 13, 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 17, 1950	24c. NAME OF CEMETERY OR CREMATORY Lucerne Cemetery	24d. LOCATION (City, town, or county) (State) Lucerne, Missouri
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DATE REC'D BY LOCAL REG. 1-13-50	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Morton Funeral Home ADDRESS N.H.C.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 15 1951

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
Student Embalmer

Signed Harold L. Passon

Licensed Embalmer No. 3605

P. O. Address Rockville, Md

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 this body is not embalmed, fact should be so stated above.