

FILED MAY 7 1951

STANDARD CERTIFICATE OF DEATH

State File No. 11499

BIRTH NO. _____		REG. DIST. NO. <u>15</u>		PRIMARY REG. DIST. NO. <u>5074</u>		Registrar's No. <u>26</u>	
1. PLACE OF DEATH a. COUNTY <u>Barton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Crawford</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Irwin</u>		c. LENGTH OF STAY (In this place) ---		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pittsburg</u>		<u>8150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Pac. R.R. Crossing</u>				d. STREET ADDRESS (If rural, give location) <u>1409 N. Michigan</u>			
3. NAME OF DECEASED a. (First) <u>Raymond</u> (Type or Print)			b. (Middle) _____			c. (Last) <u>Thompson</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 22, 1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>April 21, 1927</u>		9. AGE (In years last birthday) <u>24</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Welder</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad Shop</u>		11. BIRTHPLACE (State or foreign country) <u>Irwin, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Elmer Thompson</u>			13b. MOTHER'S MAIDEN NAME <u>Della Defreese</u>			14. NAME OF HUSBAND OR WIFE <u>Ona Mae Miller</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes world war II</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Raymond Thompson, Pittsburg, Ks</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MULTIPLE SKULL FRACTURE</u>		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>					<u>58104</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>TRAIN & CAR COLLISION</u>					<u>27</u>
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 checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Irwin, Mo. MOP RR Crossing</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Irwin, Missouri</u>		<u>006</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr 22 1951 3 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Train struck automobile</u>			
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 <u>3:00p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. S. Harmon</u>				23b. ADDRESS <u>CORONER, Barton County, Lamar, Missouri</u>		23c. DATE SIGNED <u>Apr 23 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-25-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Liberal City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Liberal, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>APR 23 1951</u>		REGISTRAR'S SIGNATURE <u>Maie Kanantz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clarence W. Chiles</u>		ADDRESS <u>Lama 760</u>	

(Licensed Embalmer) Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED APR 30 1961

Dist. File 427-918

Date Filed 4-30-51

JUN 8 1961

JUN 26 1961

JUL 19 1962

MAY 7 1961
MAY 16 1961

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Clarence W. Chiles

Licensed Embalmer No. 3473

P. O. Address Lamar 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 this body is not embalmed, fact should be so stated above.