

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12845

State File No. 1487

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <i>Jackson</i>		b. CITY (If outside corporate limits, write RURAL and give township) <i>Kansas City</i>		a. STATE <i>Missouri</i>		b. COUNTY <i>Clay</i>	
c. LENGTH OF STAY (In this place) <i>2 hrs.</i>		d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Research Hopt. K.C. Mo.</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Hearney, Rural, Washington</i>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <i>ALLEN B. THOMSON</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>April 5 1951</i>				
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>DEC. 15-1877</i>	
9. AGE (In years last birthday) <i>73</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>		11. BIRTHPLACE (State or foreign country) <i>Ray, Co. Mo.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>J. H. P. Thomson</i>		13b. MOTHER'S MAIDEN NAME <i>Mary A. Barber</i>		14. NAME OF HUSBAND OR WIFE <i>Myrtle Thomson</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Myrtle Thomson</i> ADDRESS <i>Hearney Mo.</i>			
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) <i>ruptured sigmoid. Burns of</i>		ANTECEDENT CAUSES <i>Both Lower Extremities</i>				DUE TO (b) <i>Both Lower Extremities</i>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS <i>89101 3</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>farm</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Hearney Clay Mo</i>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>4-4-51 9:00 P.M.</i>	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Burning grass</i>					
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 _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Hugh H. Owens</i> (Degree or title) <i>5</i>				23b. ADDRESS <i>1034 Reath Blvd</i>		23c. DATE SIGNED <i>4-5-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>April 5-1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Lawson Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Lawson Mo.</i>	
DATE REC'D BY LOCAL REG. <i>4-5-51</i>		REGISTRAR'S SIGNATURE <i>Sheralding Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Jarman Prichard Lawson, Mo.</i> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed Lincoln K. Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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.