

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41865  
5703

FILED JAN 12 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 602 Registrar's No. \_\_\_\_\_

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital #2</b>                      |  | d. STREET ADDRESS (If rural, give location) <b>3817 E. 16th St.</b>   |  |

|  |             |                           |   |
|--|-------------|---------------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Ulysses</b> | b. (Middle) | c. (Last) <b>Thompson</b> | 4. DATE OF DEATH (Month) <b>12</b> (Day) <b>27</b> (Year) <b>51</b> |
|--|-------------|---------------------------|---|

|                    |                               |   |                                |   |                        |                             |
|--------------------|-------------------------------|---|--------------------------------|---|------------------------|-----------------------------|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>Negro</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>1-4-92</b> | 9. AGE (In years less birthday) <b>59</b> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours Min. |
|--------------------|-------------------------------|---|--------------------------------|---|------------------------|-----------------------------|

|  |                                   |  |  |
|--|-----------------------------------|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <b>Pleasant Hill, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY <b>America</b> |
|--|-----------------------------------|--|--|

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|--|---|---|
| 13a. FATHER'S NAME <b>Tyler Thompson</b> | 13b. MOTHER'S MAIDEN NAME <b>Martha</b> | 14. NAME OF HUSBAND OR WIFE <b>Daisy Thompson</b> |
|--|---|---|

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|--|--|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <b>No</b> | 16. SOCIAL SECURITY NO. <b>500-03-6702</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Gladys Thompson</b> ADDRESS <b>1405 Kensington</b> |
|--|--|---|

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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Severe Broncho pneumonia</b>  |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |                                  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Acute Pericarditis</b>         |  | <b>491k</b>                      |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" 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 12-26-51, 1951, to 12-27-51, 1951; that I last saw the deceased alive on 12-27-51, 1951, and that death, occurred at 6:05 p. m., from the causes and on the date stated above.

|  |  |                                  |
|--|--|----------------------------------|
| 23a. SIGNATURE <b>F. Frank Eldon</b> (Degree or title) <b>MD</b> | 23b. ADDRESS <b>600 East 22nd Street</b> | 23c. DATE SIGNED <b>12-29-51</b> |
|--|--|----------------------------------|

|   |                           |  |   |
|---|---------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>12/31/51</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>General Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b> |
|---|---------------------------|--|---|

|  |   |   |
|--|---|---|
| DATE REC'D BY LOCAL REG. <b>12-31-51</b> | REGISTRAR'S SIGNATURE <b>Heraldine Holmes</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter P. Ross</b> ADDRESS <b>18th &amp; Benton</b> |
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

*Russell L. Sathorn*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4500

P. O. Address 18<sup>th</sup> & Beaton

**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.