

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17161**

FILED MAY 18 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 548

1. PLACE OF DEATH a. COUNTY <u>Buchanan 01170</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan 0117</u>	
b. CITY OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>27 years</u>		d. STREET ADDRESS (If rural, give location) <u>2764 Jackson St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Josephs Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Edward</u> c. (Last) <u>Thomson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 5, 1953</u>		
5. SEX <u>male 0</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married /</u>	8. DATE OF BIRTH <u>July 8, 1893</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>engineer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>railroad</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Agency, Missouri 0</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Manley Thomson</u>	13b. MOTHER'S MAIDEN NAME <u>Cora Hollandsworth</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>712-01-5302</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Minnie Thomson, 2764 Jackson, St. Joseph</u>	ADDRESS <u>St. Joseph</u>
---	--	--	---------------------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of pancreas</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Parasitosis</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS. <u>1</u> Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>4-6-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma throughout liver 157X</u>	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) _____	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 May 13, 1953 to May 5, 1953, that I last saw the deceased alive on May 5, 1953, and that death occurred at 10:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. C. Lenon M.D.</u> (Degree or title) <u>0</u>	23b. ADDRESS <u>St. Joseph, Mo</u>	23c. DATE SIGNED <u>5-6-53</u>
---	------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>5/7/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Agency Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Agency, Missouri</u>
---	---------------------------	---	---

DATE REC'D BY LOCAL REG. <u>May 14, 1953</u>	REGISTRAR'S SIGNATURE <u>Nettie M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton-Brown Funeral Home</u>	ADDRESS <u>St. Joseph</u>
--	--	---	---------------------------

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

JUN 22 1954

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

*William Spading*

Licensed Embalmer No. 4535

P. O. Address 319 S. 10th St Joseph

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.