

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25201

State File No. _____

3253

300
48

FILED JUL 17 1953

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 (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	c. LENGTH OF STAY (in this place) 1/2 M.O.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN No. Kansas City	6001
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		d. STREET ADDRESS (If rural, give location) 1035 E. 24	

3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) Thompson c. (Last) Thompson			4. DATE OF DEATH (Month) (Day) (Year) 6 23 53		
5. SEX Fe.	6. COLOR OR RACE Wh.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2	8. DATE OF BIRTH August 22, 1899		9. AGE (In years last birthday) 53
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Lucerne, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Steven Oodington		13b. MOTHER'S MAIDEN NAME Susan Stameyer		14. NAME OF HUSBAND OR WIFE Howard J. Thompson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John V. Gregg 1035 E. 24th Ave., N.K.C.	

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) Monocytic leukemia with anemia		DUE TO (b) _____		_____	
*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 (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 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 May 22, 1953, to June 23, 1953, that I last saw the deceased alive on June 23, 1953, and that death occurred at 8:15A m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns MD (Degree or title)		23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 6-23-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/26/53		24c. NAME OF CEMETERY OR CREMATORY Lucerne, Cemetery	
		24d. LOCATION (City, town, or county) (State) Lucerne, Missouri			

DATE REC'D BY LOCAL REG. 6-26-53		REGISTRAR'S SIGNATURE Shelding Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Newcomer's Sons (N.K.C. Chapel) 832 Arm.	
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(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. 483

working under my personal supervision.

Student

John W. Caldwell
Student Embalmer

Signed

Blair Hill

Licensed Embalmer No. 4586

P. O. Address K.C. 16, 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.