

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

25202

State File No.

3377

FILED JUL 24 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) Kansas City		c. LENGTH OF STAY (In this place) over 10yrs	c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		3158
d. FULL NAME OF HOSPITAL OR INSTITUTION 916 Woodland			d. STREET ADDRESS (If rural, give location) 916 Woodland Ave		

3. NAME OF DECEASED (Type or Print) a. (First) Evan b. (Middle) Wallace c. (Last) Thompson			4. DATE OF DEATH (Month) (Day) (Year) July 1 1953		
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5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed Divorced	8. DATE OF BIRTH Apr 26 1875	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days 2 11	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) Unemployed	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and State or Foreign Country) Baxter Springs, Kans	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Evan Wallace Thompson Sr.	13b. MOTHER'S MAIDEN NAME Ann Pillow	14. NAME OF DECEASED OR WIFE Divorced Birdie Thompson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give no. or dates of service) 510-03-6304A	17. INFORMANT'S SIGNATURE OR NAME Beulah Thompson	ADDRESS Missouri MOHT
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4214
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Valvular Heart Disease DUE TO (c) with Edema		
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 type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 28 1951, to July 1 1953, that I last saw the deceased alive on July 1 1953, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L.V. Miller MD	23b. ADDRESS 1211 Paseo	23c. DATE SIGNED 7/3/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 7 1953	24c. NAME OF CEMETERY OR CREMATORY —	24d. LOCATION (City, town, or county) (State) Columbus - Kansas
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DATE REC'D BY LOCAL REG. 7-6-53	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE West Appleton	ADDRESS Lones City
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(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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

C. H. West

Licensed Embalmer No. 2710

P. O. Address K. C. 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.