

STANDARD CERTIFICATE OF DEATH

12330

State File No.
Registrar's No. 162

BIRTH NO. REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026

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| 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) Independence | | c. CITY OR TOWN Independence | d. Is Residence within limits of a city or incorporated town? yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 35 yrs | | a. STREET ADDRESS (If rural, give location) 128 E. Walnut | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Sanitarium | | | |

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|---|------------|-------------|-----------|---|
| 3. NAME OF DECEASED (Type or Print) Edwin P. Thompson | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) Apr. 25, 1954 |
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|-----------------------|----------------------------------|---|--|--|---------------------------|-------------------------|---------------------------|--------------------------|
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | 8. DATE OF BIRTH Mar. 26, 1861 | 9. AGE (In years last birthday) 93 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 24 HRS. Hours | IF UNDER 24 HRS. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Florist | 10b. KIND OF BUSINESS OR INDUSTRY Greenhouse | 11. BIRTHPLACE (City and State or Foreign Country) Mt. Sterling, Ky. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Shelton Thompson | 13b. MOTHER'S MAIDEN NAME Maggie Donahue | 14. NAME OF HUSBAND OR WIFE none |
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| 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 Mrs. Mary C. Burch | ADDRESS Independence, Mo. |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Uremia | | INTERVAL BETWEEN ONSET AND DEATH 4 days |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Urinary obstruction | | 4 days |
| | DUE TO (c) Pass. Ca of Prostate | | not known |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 177X |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT 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 **April 20, 1954** to **April 25, 1954**, that I last saw the deceased alive on **April 25, 1954**, and that death occurred at **9 P** m., from the causes and on the date stated above.

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| 23a. SIGNATURE Chas. Hickson, Jr. | (Degree or title) | 23b. ADDRESS Independence, Mo. | 23c. DATE SIGNED April 26, 54 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 4-27-54 | 24c. NAME OF CEMETERY OR CREMATORY Md. Grove Cem. | 24d. LOCATION (City, town, or county) (State) Independence, Mo. |
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| DATE REC'D BY LOCAL REG. 4-27-54 | REGISTRAR'S SIGNATURE [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] | ADDRESS Independence, Mo. |
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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.....
Signature of Student Embalmer

Signed *Howard E. Simpson*

Licensed Embalmer No. *42*
702 Chestnut
P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.