

FILED JUN 1 1954

STANDARD CERTIFICATE OF DEATH

State File No. 15026

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 523

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 18 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		d. STREET ADDRESS (If rural, give location) 2708 Walnut St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				4. DATE OF DEATH (Month) (Day) (Year) May 20, 1954			
3. NAME OF DECEASED (Type or Print) NARY J. THOMPSON			a. (First)			b. (Middle)	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 31, 1876	
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Nodaway Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Home Maker		13a. FATHER'S NAME James E. Huff		13b. MOTHER'S MAIDEN NAME Susan Nelson	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE James A. Thompson, Dec.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Oscar J. Thompson, St. Joseph, Mo.			
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) Carcinoma of Colon				INTERVAL BETWEEN ONSET AND DEATH 3 mo	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 153 X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 5/15, 1954, to 5/20, 1954, that I last saw the deceased alive on 5/20, 1954, and that death occurred at 6:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) _____				23b. ADDRESS 510 E. 1st St. St. Joseph, Mo.		23c. DATE SIGNED 5/20/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 22/54		24c. NAME OF CEMETERY OR CREMATORY Wilcox Cemetery		24d. LOCATION (City, town, or county) (State) Wilcox, Mo.	
DATE REC'D BY LOCAL REG. May 25, 1954		REGISTRAR'S SIGNATURE Esther M. Allison		485		25. FUNERAL DIRECTOR'S SIGNATURE Barry Funeral Home, St. Joseph	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 Victor J. Berry

Licensed Embalmer No. 4212

P. O. Address S. J. Joseph, Md.

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.