

# STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	d. In 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) <u>1 wk.</u>		e. STREET ADDRESS (If rural, give location) <u>5207 BONA VISTA DRIVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESEARCH HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>DAVID</u>	b. (Middle)	c. (Last) <u>THOMPSON, JR.</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>MAY 26 1954</u>
--	-------------------------	-------------	--------------------------------	--	--------------------

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 28, 1919</u>	9. AGE (In years last birthday) <u>34</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	---------------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SUPERINTENDENT - RENO CONSTRUCTION CO.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION CO.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>SCAMMON, KANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	---	--

13a. FATHER'S NAME <u>DAVID THOMPSON</u>	13b. MOTHER'S MAIDEN NAME <u>ELLA McNAMARA</u>	14. NAME OF HUSBAND OR WIFE <u>WEYMOUTH THOMPSON</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WORLD WAR II</u>	16. SOCIAL SECURITY NO. <u>513-10-5665</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. WEYMOUTH THOMPSON</u> ADDRESS <u>KANSAS CITY, MO. 5207 BONA VISTA</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Adrenal Insufficiency</u>		<u>48 hrs.</u>
	DUE TO (c) <u>Post-Operative State</u>		<u>7 days.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>581 X</u>			

19a. DATE OF OPERATION <u>5/20/54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Acute Gangrenous Cholecystitis &amp; Stones.</u>	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)	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 5/13, 1954, to 5/26, 1954, that I last saw the deceased alive on 5/25, 1954, and that death occurred at once a.m., from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR <u>E. A. Wilkinson</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1103 Grand Ave.</u>	23c. DATE SIGNED <u>5/27/54</u>
--	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 28, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>JOHNSON COUNTY MEN. CEMETERY SOUTH OF OVERLAND PARK</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS</u>
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>5-28-54</u>	REGISTRAR'S SIGNATURE <u>Sheldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Newcomer</u> ADDRESS <u>no Kansas City, Mo.</u>
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

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 *Robert A. Bayar*

Licensed Embalmer No. *489*

P. O. Address *KC 10, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.