

FILED SEP 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30870  
4079

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Caldwell</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Kansas City</b> )		c. LENGTH OF STAY (In this place) <b>20 days</b>		c. CITY OR TOWN <b>Polo</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Northeast Osteopathic Hospital</b>				f. STREET ADDRESS (If rural, give location) <b>0130</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Sidney</b> b. (Middle) <b>French</b> c. (Last) <b>Thomson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>August 20, 1954</b>				
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Aug. 14, 1873</b>	
9. AGE (In years last birthday) <b>81</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Banker Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>cashier</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Cowgill, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Fredrick Thomson</b>		13b. MOTHER'S MAIDEN NAME <b>Mary A. Thomson</b>		14. NAME OF HUSBAND OR WIFE <b>Linnie Thomson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>ID</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Linnie Thomson, Polo, Missouri</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Failure</b>  ANTECEDENT CAUSES <b>Hypostatis pneumonia</b>  DUE TO (b) _____ <b>Uraemia - Prostatic hypertrophy</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>06104</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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)		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 <b>8-1</b> , 19 <b>54</b> , to <b>8-20</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>8-19</b> , 19 <b>54</b> and that death occurred at <b>2:50a</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>M. W. Huffman</b> (Degree or title) <b>Dr</b>				23b. ADDRESS <b>St. John &amp; Hardesty</b>		23c. DATE SIGNED <b>8-20-54</b>	
24a. BURIAL CREMATION (Specify) <b>burial</b>		24b. DATE <b>8-22-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Cowgill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Cowgill, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>8-25-54</b>		REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Cramer Clark, Kingston, Mo.</b>			

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

7-10-57

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.....

Licensed Embalmer No.....

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.