No. 300
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FILED AUG 3 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22429

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3008

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

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1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KANSAS CITY
c. LENGTH OF STAY (In this place) 42 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY Cole
c. CITY OR TOWN JEFFERSON CITY
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location) 110 REAR WEST MILLER

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3. NAME OF DECEASED (Type or Print)
a. (First) LORAL
b. (Middle) E.
c. (Last) THOMPSON

4. DATE OF DEATH (Month) (Day) (Year) July 13, 1955

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3
8. DATE OF BIRTH July 8, 1892
9. AGE (In years last birthday) 63 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired RailRoad Worker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Billints, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Thompson
13b. MOTHER'S MAIDEN NAME Saville B. Holderby
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. 702-035 800
17. INFORMANT'S SIGNATURE OR NAME VA Hospital, Official Records, K. C. Mo. ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1. Aortic valvulitis with calcification — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES — 2. Verrucal endocarditis — "

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 3. Pulmonary edema — "

4. Pulmonary emphysema — "

DUE TO (c) 5. Arterio sclerotic heart disease (moderate) — "

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 [X] NO [ ]

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) VA m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1955, *to* July 13, 1955 *and that death occurred at* 3:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE MARVIN GUNN, M.D. Marvin R. Gunn M.D. (Degree or title)
23b. ADDRESS VA Hospital, Kansas City, Mo.
23c. DATE SIGNED 7/13/55

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE JULY 15 1955
24c. NAME OF CEMETERY ~~OR CREMATORY~~ NATIONAL CEMETERY
24d. LOCATION (City, town, or county) (State) JEFFERSON CITY MISSOURI

DATE REC'D BY LOCAL REG. 7-14-55
REGISTRAR'S SIGNATURE Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE D. N. Newcomer's Sons
ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Hollie Kessel

Licensed Embalmer No 469

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.