

No. 300
10.48

FILED SEP 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26527
3518

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

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) OR TOWN KANSAS CITY c. LENGTH OF STAY (in this place) 15 years
c. CITY OR TOWN KANSAS CITY d. Residence within limits of city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL
e. STREET ADDRESS (If rural, give location) 424 W. 20TH

3. NAME OF DECEASED (Type or Print) a. (First) TIM b. (Middle) THOMPSON c. (Last) THOMPSON
4. DATE OF DEATH (Month) (Day) (Year) August 9, 1955

5. SEX 2 Male 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH January 18, 1897 9. AGE (In years last birthday) 58 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) Car cleaner
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (City and State or Foreign Country) Como, Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME _____ 13b. MOTHER'S MAIDEN NAME Emma Thompson
14. NAME OF HUSBAND OR WIFE Lillie Mae Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI
16. SOCIAL SECURITY NO. 446-01-8312
17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA Hospital Official Records, K. C. Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism, massive
INTERVAL BETWEEN ONSET AND DEATH Immediate
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) Thrombophlebitis right leg 5 days
DUE TO (c) Varicose veins of legs. 460x
II. OTHER SIGNIFICANT CONDITIONS Hypertrophy of heart, pulmonary edema
Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis, moderate

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____
20. AUTOPSY? YES 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 (Month) (Day) (Year) (Hour) OF INJURY 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 July 15, 1955, to August 9, 1955, that I saw the deceased and that death occurred at 12:03 AM., from the causes and on the date stated above.

23a. SIGNATURE Marvin R. Gunn, M.D. (Degree or title) 23b. ADDRESS VA Hospital, Kansas City, Mo.
23c. DATE SIGNED 8/9/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 8-13-55
24c. NAME OF CEMETERY OR CREMATORY Lincoln 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 8-10-55 REGISTRAR'S SIGNATURE Neva Marshall
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 18th of Benton

(Licensed Embalmer's Statement on Reverse Side)

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..... *Bruce R. Watkins*

Licensed Embalmer No. *450*

P. O. Address *18th & B*

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.