

FILED DEC 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5010

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

1. PLACE OF DEATH a. COUNTY JOHNSON COUNTY <i>Jackson</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE KANSAS b. COUNTY JOHNSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In days) 4 DAYS	c. CITY OR TOWN GARDNER		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL			e. STREET ADDRESS (If rural, give location) 865 8		
3. NAME OF DECEASED (Type or Print) a. (First) WALTER		b. (Middle) R.	c. (Last) THOMPSON		4. DATE OF DEATH (Month) (Day) (Year) OF NOVEMBER 19 1955
5. SEX MALE <input type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 2-27-10	9. AGE (In years) (Last birthday) 45 IF UNDER 1 YEAR Months Days IF UNDER 12 Hrs. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) SMITH CENTER, KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME ALFRED E. THOMPSON		13b. MOTHER'S MAIDEN NAME CATHERINE WEAVER		14. NAME OF HUSBAND OR WIFE HELEN THOMPSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	(If yes, give war or date of service) WW II	16. SOCIAL SECURITY NO. 492-26-1110	17. INFORMANT'S SIGNATURE OR NAME OFFICIAL VA HOSPITAL RECORDS ADDRESS		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary hemorrhage			ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
			DUE TO (c) Pulmonary Tuberculosis		Unknown
II. OTHER SIGNIFICANT CONDITIONS			Conditions contributing to the death but not related to the disease or condition causing death.		0024
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) VA m.	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 NOVEMBER 15 1955, to NOVEMBER 19 1955, that I was with the deceased at the time of death, and that death occurred at 11:25 A.M., from the causes and on the date stated above.					
23a. SIGNATURE M.R. GUND (Degree or title) M.R. Gund M.D.			23b. ADDRESS VETERANS ADMINISTRATION HOSPITAL 11-20-55		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE Nov. 20, 1955	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) GARDNER KANSAS (State)		
DATE REC'D BY LOCAL REG. 11-20-55	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE A. H. Newcomer		ADDRESS Kansas City, Mo.	

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

(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 E. Lewis*.....

Licensed Embalmer No. *48*.....

P. O. Address *R. P. M.*.....

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