

FILED DEC 30 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40928**  
Registrar's No. **5446**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>5446</b>	
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>JACKSON</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>2 Wks</b>		c. CITY OR TOWN <b>KANSAS CITY</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. JOSEPH Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>9012 E. 61ST. STREET</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>GRACE</b>		b. (Middle) <b>ELOISE</b>		c. (Last) <b>THOMPSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 13, 1955</b>	
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>SEPT. 25, 1915</b>	
9. AGE (In years last birthday) <b>40</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DISCOUNT TELLER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>COLUMBIANNATHAN HARRISONVILLE, MISSOURI</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>U.S.A.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>ERNEST KIRIC</b>		13b. MOTHER'S MAIDEN NAME <b>MARY HUGH</b>		14. NAME OF HUSBAND OR WIFE <b>EUGENE F. THOMPSON</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>EUGENE F. THOMPSON 9012 EAST 61ST ST.</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Leukemia - Aplastic</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 Wks</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Allergy</b>				<b>20 Yr</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 <b>11/29/1955</b> , to <b>12-13, 1955</b> , that I last saw the deceased alive on <b>12-12, 1955</b> , and that death occurred at <b>1:20 AM.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>W. Ketcham</b> (Degree or title) <b>D</b>				23b. ADDRESS <b>K.C. Mo</b>		23c. DATE SIGNED <b>12/19/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>DEC. 16, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>N.T. CALVARY CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS KANSAS</b>	
DATE REC'D BY LOCAL REG. <b>12-14-55</b>		REGISTRAR'S SIGNATURE <b>Neva Minshel</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>D. W. Thompson 1331 BUSH CREEK ST. E. Mo.</b>			

(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 *Edward M. Ste...*

Licensed Embalmer No. *44*

P. O. Address *K.C. 110*

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.