

FILED APR 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13531

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1533

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 town) KANSAS CITY	c. LENGTH OF STAY (in this place) 58 Days	c. CITY OR TOWN RAYTOWN	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 VETERANS ADMINISTRATION HOSPITAL		e. STREET ADDRESS 6405 CEDAR	7000 / 1

3. NAME OF DECEASED (Type or Print) a. (First) BENJAMIN	b. (Middle) W.	c. (Last) THORP	4. DATE OF DEATH (Month) (Day) (Year) April 6 1956
---	-----------------------	------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 23, 1876	9. AGE (in years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
--------------------	-------------------------------	---	--	---	------------------------	-----------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY SUNFLOWER ORDNANCE PLANT	11. BIRTHPLACE (City and State or Foreign Country) Joliet, Illinois	12. CITIZEN OF WHAT COUNTRY U. S. A.
--	---	--	---

13a. FATHER'S NAME Thorp	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE Elizabeth
---------------------------------	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Spanish American 515-18-9324	17. INFORMANT'S SIGNATURE OR NAME Official VA Hospital Records, K. C. Mo.	ADDRESS
---	--	--	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 months
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive infarction and hemorrhage, brain	ANTECEDENT CAUSES		331X
* This does not mean the mode of dying, such as heart failure, asthma, 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) Arteriosclerosis, marked, cerebral arteries		
II. OTHER SIGNIFICANT CONDITIONS	Pulmonary emphysema and arteriosclerotic heart disease.		
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	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 **February 8, 1956**, to **April 6, 1956**, and that death occurred at **10:19A m.**, from the causes and on the date stated above.

23a. SIGNATURE J. A. Turner, M. D. (Degree or title)	23b. ADDRESS VA Hospital 4801 Linwood Blvd. Kansas City, Mo.	23c. DATE SIGNED 4-6-56
---	---	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APRIL 9, 1956	24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY	24d. LOCATION (City, town, or county) (State) LIBERTY MISSOURI
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. 4-9-56	REGISTRAR'S SIGNATURE Neve Marshall	25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newcomer, Sons, Kansas City, Mo.	ADDRESS
--	--	--	---------

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 *John T. Deane* _____

Licensed Embalmer No. *44*

P. O. Address *Keosauqua, Iowa*

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.