0.300
0.48

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

FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16747

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5569 Registrar's No. 218

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Brooking
c. LENGTH OF STAY (in this place): 6 Wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7823 Greendale

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Blue Springs
d. Is Residence within limits of a city or incorporated town? Yes XXXX No ☐
e. STREET ADDRESS (If rural, give location): 3rd & Main Street 7000

3. NAME OF DECEASED (Type or Print)
a. (First): Clara
b. (Middle):
c. (Last): Thompson

4. DATE OF DEATH (Month) May (Day) 10 (Year) 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 20 Nov 1873
9. AGE (In years last birthday): 82 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Homemaking
11. BIRTHPLACE (City and State or Foreign Country): St. Joseph, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S

13a. FATHER'S NAME: William Palmer
13b. MOTHER'S MAIDEN NAME: Mary Teason
14. NAME OF HUSBAND OR WIFE: William Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): X X X X
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Joerene Reed - 7823 Greendale

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Arterial Sclerotic Ht. disease	10 yrs.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Generalized Arteriosclerosis	20 yrs.
DUE TO (c)	—	
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Cancer of Ascending Colon	6 Months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4200 H
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 OF INJURY (Month) (Day) (Year) (Hour) 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, 1955, *to* May 10, 1956, *that I last saw the deceased alive on* 5/8, 1956, *and that death occurred at* 10:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H S Biggs, MD
23b. ADDRESS: Raytown, Mo
23c. DATE SIGNED: 5/11/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12 May 1956
24c. NAME OF CEMETERY OR CREMATORY: Blue Springs Cemetery
24d. LOCATION (City, town, or county) (State): Blue Springs, Mo

DATE REC'D BY LOCAL REG.: 5-12-56
REGISTRAR'S SIGNATURE: James Craig
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: FLORAL HILLS MEMORIAL CHAPEL INC K.C.MO

(Licensed Embalmer's Statement on Reverse Side)

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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 Lloyd C McCord

Licensed Embalmer No. 485

P. O. Address K C

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