

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1487**  
**258**

FILED FEB 4 1957

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

1. PLACE OF DEATH a. COUNTY <b>Jackson Co.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City, Mo.</b>		c. CITY OR TOWN <b>Prairie Village</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>2 mo.</b>		e. STREET ADDRESS (If rural, give location) <b>4808 W. 72nd.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Marys Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>	b. (Middle) <b>O.</b>	c. (Last) <b>Thompson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 16 1957</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>	8. DATE OF BIRTH <b>July 25, 1892</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hour _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>wife divorced</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Albany, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>J. B. Wayman</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth Seiple</b>	14. NAME OF HUSBAND OR WIFE <b>T. H. Thompson</b>
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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 <b>Mrs. Louis Saunders</b>	ADDRESS <b>4808 W. 72nd.</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Epidermoid Carcinoma of anus with metastases</b>		<b>1 yr.</b>
	ANTECEDENT CAUSES Morbidity 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>191X</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **12-27, 1956**, to **1-16, 1957**, that I last saw the deceased alive on **1-16, 1957**, and that death occurred at **11:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Marcella Krahenbuhl</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>4140 W 71st Prairie Village Kan.</b>	23c. DATE SIGNED <b>1-17-57</b>
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24a. <del>PREPARE</del> CREMATION REMOVAL (Specify)	24b. DATE <b>Jan 18 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Manhattan, Kansas</b>
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DATE REC'D BY LOCAL REG. <b>1-18-57</b>	REGISTRAR'S SIGNATURE <b>Nevar Minshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. Newcomer &amp; Sons</b>	ADDRESS <b>K.C. Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Paul R. Williamson*

Licensed Embalmer No. *5009*

P. O. Address *Overland Park  
Kansas*

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.