THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 1 - 1957

24865
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 3121

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: Gen'l Hosp. #1 — Length of stay in Hospital: 50 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes [XX] No [ ]
d. STREET ADDRESS (If outside, give location): 3006 Wheeling — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Martha Middle: FRANCIS Last: Thompson

4. DATE OF DEATH: Month 7 Day 5 Year 1957

5. SEX: FEMALE **6. COLOR OR RACE**: WHITE **7. MARRIED** [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: SEPT. 17, 1874 **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): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: LOOSE WILES BAKERY
11. BIRTHPLACE (City and state or country): HOWARD COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JAMES H. HARGIS
13b. MOTHER'S MAIDEN NAME: REBECCA C. ANCELL
14. NAME OF HUSBAND OR WIFE: ALBERT THOMPSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: MRS. ELIZABETH MORGEN Address: 1130 HOLMES

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Diabetes mellitus — INTERVAL BETWEEN ONSET AND DEATH:
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c): 260X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 4, 1957 to July 5, 1957 and last saw her alive on July 5, 1957
Death occurred at 12 midnight m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. A. Burns, M.D.
22b. ADDRESS: 24th & Cherry
22c. DATE SIGNED: 7-5-57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL **23b. DATE**: July 8, 57 **23c. NAME OF CEMETERY OR CREMATORY**: Mt. Pleasant **23d. LOCATION** (City, town, or county) (State): Fayette, Missouri

24. FUNERAL DIRECTOR: Shell Funeral Home **ADDRESS**: K.C. Mo.
25. DATE RECD. BY LOCAL REG.: 7-5-57
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

B.I. Burns

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student ..... Signed Richard E. Carroll

Signature of Student Embalmer

Licensed Embalmer No. 4829

P. O. Address K.C. Mo.

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