

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 3 1957

State File No. 27797

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 3014 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY OR TOWN <u>Liberty</u>	c. LENGTH OF STAY (in this place) <u>1 year</u>	c. CITY OR TOWN <u>Liberty</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>H 14 Shawtaw st</u>		e. STREET ADDRESS (If rural, give location) <u>414 Shawtaw st</u> <u>620/0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>D</u> c. (Last) <u>THOMPSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 14-57</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Mar. 31-1861</u>		9. AGE (in years last birthday) <u>96</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sales lady</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>dry goods store</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>mo</u>	

13a. FATHER'S NAME <u>William Thompson</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Epperson</u>		13c. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James Holt - Liberty, mo.</u>	

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) <u>Transition Hypertension</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <u>refused to eat. (Heart fully compensated)</u>		
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>no evidence of</u>		
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION <u>30.9x</u>		20. AUTOPSY? <u>2</u> 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?	

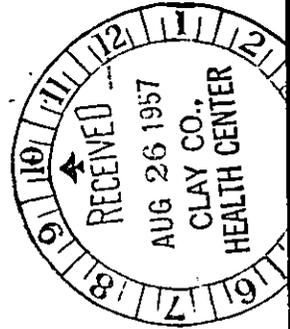
22. I hereby certify that I attended the deceased from _____, 1950, to _____, 1957, that I last saw the deceased alive on Aug. 14, 1957, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. A. Gadsden MD</u>		23b. ADDRESS <u>Liberty, Mo</u>		23c. DATE SIGNED <u>8/16/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 16-57</u>		24c. NAME OF CEMETERY, OR CREMATORY <u>Farmer</u>	
24d. LOCATION (City, town, or county) (State) <u>Liberty, mo</u>					

DATE REC'D BY LOCAL REG. <u>8-21-57</u>		REGISTRAR'S SIGNATURE <u>Mabel Graham</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Phyllis Jackson Co</u>	
				ADDRESS <u>Liberty, mo.</u>	

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

491
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JAN 15 1958

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 L. L...

Licensed Embalmer No... 444
P. O. Address... Liberty

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.