FILED OCT 9 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 32212

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 4398

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Hosp. — Length of stay in 1b 63 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 ☒ No ☐
d. STREET ADDRESS (If outside, give location) 5605 Rockhill Rd — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First S. IRWIN Middle Last THOMPSON

4. DATE OF DEATH Month Sept Day 19 Year 1957

5. SEX male
6. COLOR OR RACE white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Oct. 16, 1893
9. AGE (In years last birthday) 63 — 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) COMTROLLER
10b. KIND OF BUSINESS OR INDUSTRY FEDERAL Cold Storage
11. BIRTHPLACE (City and state or country) KANSAS CITY, KS
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME CARL SHORZ THOMPSON
13b. MOTHER'S MAIDEN NAME CHRISTINA F. IRWIN
14. NAME OF HUSBAND OR WIFE EULA STREET 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. 486-07-7022
17. INFORMANT EULA THOMPSON Address 5605 ROCKHILL KCMO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of the colon with
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Infection of the sigmoid colon — ?
DUE TO (c) — 15 yr

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 ☐ 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 9-15-57 to 9-19-57 and last saw her/him alive on 9-19-57
Death occurred at 5:20 A.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Gustave Eisemann (Degree or title) MD
22b. ADDRESS 701 E 63rd Street, Kansas City Mo
22c. DATE SIGNED 9-19-57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE SEP. 21-1957
23c. NAME OF CEMETERY OR ~~CREMATORY~~ FOREST HILL
23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.

24. FUNERAL DIRECTOR D.W. Newcomers Sons ADDRESS Kansas City Mo
25. DATE RECD. BY LOCAL REG. 9-21-57
26. REGISTRAR'S SIGNATURE Vera Minshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Gustave Eisemann

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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 John U Kalsbeek

Licensed Embalmer No. 4949

P. O. Address N.D. Kansas City

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.