

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40637

State File No. ....

FILED NOV 20 1957

5126

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City,</b>		c. LENGTH OF STAY (In this place) <b>22 yrs</b>	c. CITY OR TOWN <b>Kansas City,</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital #2</b>		STREET ADDRESS (If rural, give location) <b>909 East 17th Street</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Odie</b> b. (Middle) _____ c. (Last) <b>Thompson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 27, 1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 6, 1899</b>
9. AGE (In years last birthday) <b>58</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Marrilton, Arkansas</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Jake Thompson</b>		13b. MOTHER'S MAIDEN NAME <b>Julie Neely</b>	14. NAME OF HUSBAND OR WIFE <b>Cora Lee Thompson</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>		16. SOCIAL SECURITY NO. <b>WW 1 499-16-9898</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Stevie Thompson, 1409 Vine Street.</b>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Pulmonary Congestion</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Pulmonary Embolism</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fracture, Left Ankle</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>			
21a. ACCIDENT (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>human Rd + Vine</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>123 Kansas City, Jackson MO</b> (COUNTY) _____ (STATE) _____
21d. TIME OF INJURY <b>oct 3 1957 6:00 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR <b>Traffic, car + pedestrian</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Deputy Coroner [Signature]</b>		23b. ADDRESS <b>1618 1/2 dia ave</b>	23c. DATE SIGNED <b>11/1/57</b>
24a. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>11/4/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>
24d. LOCATION (City, town, or county) <b>Ft. Leavenworth, Kansas</b>		(State) _____	
DATE REC'D BY LOCAL REG. <b>11-2-57</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs. Meek's Mortuary</b>		ADDRESS <b>K. C. Mo.</b>	

WRITE PLAINLY—USING UNFADING, BLACK INK—MAKE A PERMANENT RECORD  
L. M. Tillman

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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 *Willard B. Paskin*

Licensed Embalmer No. *501*

P. O. Address *14 C. W.*

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