

FILED MAR 19 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010235

STATE FILE NUMBER 951

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

300
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital		Length of stay in lb 45 Years	d. STREET ADDRESS (If outside, give location) 5000 Oak Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last MR. CLAD H. THOMPSON			4. DATE OF DEATH Month Day Year February 20, 1958			
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1888 Oct. 30, 1888	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Star Reporter	10b. KIND OF BUSINESS OR INDUSTRY Newspaper	11. BIRTHPLACE (City and state or country) Howard, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Tom E. Thompson	13b. MOTHER'S MAIDEN NAME Maude Cummings	14. NAME OF HUSBAND OR WIFE Sophia Thompson
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 487-10-9333	17. INFORMANT Address K.C. 16. Mr. Tom Thompson 5020 Tomahawk
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage	INTERVAL BETWEEN ONSET AND DEATH 18 days.
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cerebral enccephalomalacia; myocardial fibrosis;	443+
	Myocardial Cardiomegalia (Hypertensive type) Coronary atherosclerosis	

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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from November 7, 1939 to February 20, 1958 . I first saw him alive on February 20, 1958 . Death occurred at three a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>H. P. Boughton</i> (Degree or title) M.D.	22b. ADDRESS 315 Nichols Road, Kansas City, Mo.	22c. DATE SIGNED 2/21/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 22, 1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery	23d. LOCATION (City, town, or country) (State) Kansas City, Missouri
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24. FUNERAL DIRECTOR Stine & McClure Und. Co., K.C., Mo.	25. DATE RECD. BY LOCAL REG. 2-21-58	26. REGISTRAR'S SIGNATURE <i>Neve Marshall</i>
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MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE H. P. Boughton

All diseases in Part I must be causally related.



1:00 - 4:00

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 *Elmo D. Tjelt*

Licensed Embalmer No. *4817*

P. O. Address *James City Mo*

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.