

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014586

STATE FILE NUMBER

FILED MAY 8 1958

Registration District No.

146

Primary Registration District No.

3026

Registrar's No.

193

S. 300  
1-57

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, give TOWNSHIP only) OR <b>Independence</b> TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR <b>Independence</b> TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>1612 Harris</b> INSTITUTION		Length of stay in lb <b>34 Yrs</b>	d. STREET ADDRESS <b>1612 Harris</b>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>MARTIN</b> Middle <b>A.</b> Last <b>THOMPSON</b>			4. DATE OF DEATH Month <b>April</b> Day <b>26</b> , Year <b>1958</b>	
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 23, 1889</b>	9. AGE (In years, last birthday) <b>74</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Red cap</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>KC Union Sta.</b>	11. BIRTHPLACE (City and state or country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Jasper Thompson</b>	13b. MOTHER'S MAIDEN NAME <b>Alwilda Thompson</b>	14. NAME OF HUSBAND OR WIFE <b>Lucille Thompson</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, unknown) (If yes, give year or date of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>702-18-7662</b>	17. INFORMANT <b>Mrs Lucille Thompson</b>	Address <b>Indep. Mo.</b>
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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) <b>Bronchogenic Carcinoma, left lung</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____ DUE TO (c) _____	
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 type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		

20d. INJURY OCCURRED WHILE AT WORK <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 <b>1621</b>	COUNTY _____ STATE _____
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21. I attended the deceased from **30 June 1955**, to **28 Apr. 1958** and last saw her alive on **1 Apr. 1958**  
Death occurred at **8:45 P.M.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Fred H. Lundgren Jr MD</b>	22b. ADDRESS <b>315 Nichols Rd.</b>	22c. DATE SIGNED <b>28 Apr. 58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>April 29, 58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lawson Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Lawson, Missouri</b>
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24. FUNERAL DIRECTOR <b>KEPLEY-RAYTOWN Funeral Home</b> Raytown, Mo.	25. DATE RECD. BY LOCAL REG. <b>4-29-58</b>	26. REGISTRAR'S SIGNATURE <b>James K. [Signature]</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

1958  
MAY 9

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 *Dixon L. Kaylor* .....

Licensed Embalmer No. *4225* .....

P. O. Address *Raytown, 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.