

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022113
STATE FILE NUMBER
2939

FILED JUL 11 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>Platte</i>	
b. CITY OR TOWN <i>Kansas City</i> <small>(If outside corporate limits, give TOWNSHIP only)</small>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Parkville</i> <small>083 0</small>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Marys</i>		Length of stay in lb <i>3 1/2 wks</i>	d. STREET ADDRESS <i>Platte Woods</i> <i>R.F.D.</i>
3. NAME OF DECEASED (Type or print) First <i>Ernest</i> Middle <i>Chase</i> Last <i>Thompson</i>		4. DATE OF DEATH Month <i>June</i> Day <i>9</i> Year <i>1958</i>	
5. SEX <i>Male</i> <input type="checkbox"/> <input checked="" type="checkbox"/>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 31 - 1882</i>
9. AGE (In years (with day) Months Days Hours Min. <i>76</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <i>Home Developer.</i>	11. BIRTHPLACE (City and state or country) <i>Hebron Neb.</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>		13a. FATHER'S NAME <i>Wm Thompson</i>	
13b. MOTHER'S MAIDEN NAME <i>Laura Jackson</i>		14. NAME OF HUSBAND OR WIFE <i>Pearl Merrick Thompson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, (unknown) (If yes, give year or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>509-36-5818</i>	
17. INFORMANT Address <i>Mrs Pearl Thompson, Platte Woods Parkville MO</i>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Congestive heart disease</i> DUE TO (b) <i>Arteriosclerotic heart disease</i> DUE TO (c) <i>40-50</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Cerebral thrombosis 5/4/58</i>	
19. INTERVAL BETWEEN ONSET AND DEATH <i>3 1/2 158</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> <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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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	
21. I attended the deceased from <i>5/7/58</i> to <i>6/9/58</i> and last saw her alive on <i>6/9/58</i> Death occurred at <i>3:50 P</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title) <i>MD</i>		22b. ADDRESS <i>1010 Png Alley 1206 W</i>	
22c. DATE SIGNED <i>6/9/58</i>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>June 13-58</i>		23b. DATE	
23c. NAME OF CEMETERY OR CREMATORY <i>Forrest Hill</i>		23d. LOCATION (City, town, or county) (State) <i>Kansas City MO</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Walter Francis Parkville</i>		25. DATE RECD. BY LOCAL REG. <i>6-10-58</i>	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		26. REGISTRAR'S SIGNATURE	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
C. G. Leitch



VS
JAN 6
1967

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, of ~~NY~~....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Leland H. Francis*.....

Licensed Embalmer No. *3451*.....

P. O. Address *Parkville, 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.