. Health,
& Welfare
. Public
h Service
00 0
3
S. 300
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

X

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024945
STATE FILE NUMBER

FILED AUG 11 1958 Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 104

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) RR 2 — Length of stay in Hospital minutes

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Independence 7005 0 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 10316 E. 35th — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Hettie Middle: Mae Last: Thompson
4. DATE OF DEATH Month: July Day: 18 Year: 1958
5. SEX female 1
6. COLOR OR RACE white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH May 31, 1910
9. AGE (In years last birthday) 48 — 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) housewife
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (City and state or country) Ray County, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Oliver Crouch
14. MOTHER'S MAIDEN NAME Elizabeth Campbell
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. unknown
17. INFORMANT Address: Chester Thompson 10316 E 35 Indep. Mo

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) Head + Chest injuries
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Car Truck Collision
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 ☐ NO ☒ 2
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
600
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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE O. S. Pate (Degree or title) M.D. Coroner
22b. ADDRESS North Kansas City Mo
22c. DATE SIGNED 7/18/58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE July 20, 1958
23c. NAME OF CEMETERY OR CREMATORY Knobnoster Cemetery
23d. LOCATION (City, town, or county) (State) Knobnoster, Mo.
24. FUNERAL DIRECTOR Earp & Son Funeral Home — ADDRESS Kansas City, Mo.
25. DATE REC'D BY LOCAL REG. 7-28-58
26. REGISTRAR'S SIGNATURE Mabel Graham

(Licensed Embalmer's Statement on Reverse Side)

AUG 11 1958

RECEIVED
AUG 4 1958
CLAY CO.,
HEALTH CENTER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William K Carp

Licensed Embalmer No. 47

P. O. Address K C

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