

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033043

STATE FILE NUMBER 4628

FILED OCT 15 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

S. 300
v. 1-57

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| 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"/> | | c. CITY OR TOWN Kansas City | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital | | Length of stay in lb 38 yrs | | d. STREET ADDRESS (If outside, give location) 2331 Montgall | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) First William Middle Last Thompson | | | 4. DATE OF DEATH Month September Day 27 Year 1958 | | | | | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH 5-30-1878 | 9. AGE (In years last birthday) 80 | | 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) laborer | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Virginia | | 12. CITIZEN OF WHAT COUNTRY? U.S. | | |
| 13a. FATHER'S NAME Cy Thompson | | | 13b. MOTHER'S MAIDEN NAME Laura | | 14. NAME OF HUSBAND OR WIFE Arny Thompson | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) None | | 16. SOCIAL SECURITY NO. unk | | 17. INFORMANT Lillian Matthews | | Address 2331 Prospect | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized arteriosclerosis with Encephalomalacia | | | | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | 332x | | |
| 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 <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 | |
| 21. I attended the deceased from 8-22-58 and last saw her/him alive on 9-27-58 Death occurred at 8:25 Pm on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE <i>William Thompson</i> (Degree or title) | | | | 22b. ADDRESS 600 E. 22nd Street | | 22c. DATE SIGNED 9-30-58 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE 10-6-58 | | 23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn | | 23d. LOCATION (City, town, or county) (State) K.C. Mo | | |
| 24. GENERAL DIRECTOR Lawrence A. Jones ADDRESS 2304 Vine | | | | 25. DATE RECD. BY LOCAL REG. 10-1-58 | | 26. REGISTRAR'S SIGNATURE neva minshall | | |

(Licensed Embalmer's Statement on Reverse Side)

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

E. Frank Ellis

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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 *James P. Jones*

Licensed Embalmer No. *4429*

P. O. Address *2304 Vine*

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.