

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044438 ✓

STATE FILE NUMBER

5926

99701-58
JAN 5 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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-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		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION QUEEN OF THE WORLD Life		d. STREET ADDRESS (If outside, give location) 3223 EAST 32ND STREET	
3. NAME OF DECEASED (Type or print) First Donald Middle Eugene Last Thompson		4. DATE OF DEATH Month 12 - Day 11 - Year 58	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-10-58
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		11. BIRTHPLACE (City and state or country) KANSAS CITY, MO.	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME CARL NORRIS THOMPSON		13b. MOTHER'S MAIDEN NAME MARIAN ELIZABETH WEAVER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? no		16. SOCIAL SECURITY NO. -	
17. INFORMANT Marian E. Thompson		Address K.C. Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congenital abnormality of heart due to dilated aortus arteriosus			INTERVAL BETWEEN ONSET AND DEATH 7541
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) Pulmonary atelectasis			
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 Month, Day, Year 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 12-10-58 to 12-11-58 and last saw her alive on 12-11-58 Death occurred at 6:15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Marian E. Thompson		22b. ADDRESS 2526 Prospect	
22c. DATE SIGNED 12-11-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12-15-58	
23c. NAME OF CEMETERY OR CREMATORY LINCOLN		23d. LOCATION (City, town, or county) (State) KANS. CITY, MO.	
24. FUNERAL DIRECTOR WATKINS Bros. 14th & Benton		25. DATE RECD. BY LOCAL REG. 12-15-58	
26. REGISTRAR'S SIGNATURE newa Marshall			

MEDICAL CERTIFICATION
MARION W. RICHARDS USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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A

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 *Frank F. Walker*

Licensed Embalmer No. *4512*

P. O. Address *18 6th Bent*

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.