URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 10 1959

59-040416

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5700

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in Ib 30 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hosp.
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 6622 Indep. Ave
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Lelia Middle Last Thompson
4. DATE OF DEATH Month 11 Day 23 Year 59
5. SEX Female
6. COLOR OR RACE white
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☑
8. DATE OF BIRTH 4-1886
9. AGE (last birthday) 73
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Weatherby Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME George Minor (D)
13b. MOTHER'S MAIDEN NAME Sara Caldwell (D)
14. NAME OF HUSBAND OR WIFE — (D)
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. None
17. INFORMANT Nettie Morris Address 412 Kentucky

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Myocardial Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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
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 Nov 7, 1959 to Nov 23, 1959 and last saw her alive on Nov 23, 1959
Death occurred at 4:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. L. Dwyer (Degree or title) MD
22b. ADDRESS 2400 Cherry K.C. Mo
22c. DATE SIGNED 11/24/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-27-59
23c. NAME OF CEMETERY OR CREMATORY Floral Hills
23d. LOCATION (City, town, or county) (State) Kansas City Mo

24. FUNERAL DIRECTOR Sheil Funeral Home ADDRESS K.C. Mo
25. DATE RECD. BY LOCAL REG. 11-25-59
26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF H. L. DWYER

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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