

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034198
STATE FILE NUMBER

FILED VS SEP 21 1960

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 140

9-27-60
 Riverview Cemetery
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF in faciem
 23c National Cemetery

1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Smithville		Length of stay in 1b 2 Hrs.		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Smithville Community Hospital				d. STREET ADDRESS (If outside, give location) 3206 Highland		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Robert Middle West Last Thompson				4. DATE OF DEATH Month Sept. Day 11 Year 1960			
5. SEX Ma	6. COLOR OR RACE Wh	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-28-28	9. AGE (last birthday) 32	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) Furnace tender			10b. KIND OF BUSINESS OR INDUSTRY Furnace Co.	11. BIRTHPLACE (City and state or country) Cole Co, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Russell Thompson			13b. MOTHER'S MAIDEN NAME Ada West		14. NAME OF HUSBAND OR WIFE Roseline Thompson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes 1945-1946			16. SOCIAL SECURITY NO. 484-20-2392 Unknown	17. INFORMANT Roseline Thompson		Address 3206 Highland Kansas City, 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) Head Injury DUE TO (b) One car accident, Lost Control DUE TO (c) at High speed, car turned over Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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.	Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <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 _____, 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 State No. 5. Coroner (Degree or title)				22b. ADDRESS North Kansas City Mo.		22c. DATE SIGNED 9/12/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-13-60	23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		23d. LOCATION (City, town, or county) Jefferson City, Mo.		(State)	
24. FUNERAL DIRECTOR Ranner Funeral Home			ADDRESS Jefferson City Mo.	25. DATE RECD. BY LOCAL REG. 9-12-60	26. REGISTRAR'S SIGNATURE Marjorie Hudgens		

SEP 22 1960

SEP 28 1960

SEP 23 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ronald W. Hanks

Licensed Embalmer No. 4528

P. O. Address Smithville, 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.