FILED VS OCT 25 1960

URL DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-038662

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 500

ENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence — Length of stay in 1b 16 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. Sanitarium — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Independence — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 656 Courtney Rd. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Abbigail Middle A. Last Thompson
4. DATE OF DEATH Month Oct Day 12 Year 1960
5. SEX F
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7-30-1880
9. AGE (last birthday) 80 — 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Ashland, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME N.B. Ament
13b. MOTHER'S MAIDEN NAME Elizabeth Crosswhite
14. NAME OF HUSBAND OR WIFE Luban B. Thompson
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 Luban B. Thompson Address Indep. 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) Mesenteric Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 48 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerotic cardiovascular disease — years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus.
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 8/8/60, to 10/12/60 and last saw her alive on 10/12/60
Death occurred at 7:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Vance E. Link MD
22b. ADDRESS 10901 Winner Rd Independence, Mo
22c. DATE SIGNED 10/15/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct. 15, 1960
23c. NAME OF CEMETERY OR CREMATORY Mound Grove
23d. LOCATION (City, town, or county) (State) Independence, Mo

24. FUNERAL DIRECTOR ADDRESS Roland R. Speaks Indep. Mo.
25. DATE RECD. BY LOCAL REG. 10-15-60
26. REGISTRAR'S SIGNATURE James H. Craig

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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_____ Signed Wayne Smith

Signature of Student Embalmer

Licensed Embalmer No. 5081

P. O. Address Indiana

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