

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047239

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6270

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 26 1962

VS 300
Rev. 4/59

1

260902

3

4 0

5 2

6

7 1

8 0

9331X

10

11

1255-2

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CLAY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 1 WEEK	c. CITY OR TOWN KEARNEY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION OSZEPAZNIC HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) KEARNEY, MISSOURI
3. NAME OF DECEASED (Type or print) First Middle Last SILAS WILLIAM THOMPSON			4. DATE OF DEATH Month Day Year DECEMBER 10, 1962
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-26-1866
9. AGE (last birthday) 96		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) CHILLICOTHE, OHIO
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME JAMES F. THOMPSON	
13b. MOTHER'S MAIDEN NAME MARGARET MAUGHMER		14. NAME OF HUSBAND OR WIFE GRACE FERRIL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT DON THOMPSON, KEARNEY, MISSOURI
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension			10-12-yrs.
DUE TO (c) Arteriosclerosis			20 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)			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 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 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 Dec-3-1962 to Dec-10-1962 and last saw her alive on Dec-10-1962 Death occurred at A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Clyde M. Smith Do. (Degree or title)		22b. ADDRESS 10 W. Kansas Liberty, Mo.	22c. DATE SIGNED 12-7-62
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 12-11-62	23c. NAME OF CEMETERY OR CREMATORY MZ OLIVEZ	23d. LOCATION (City, town, or county) (State) KEARNEY, MISSOURI
24. FUNERAL DIRECTOR FRY FUNERAL HOME, KEARNEY, MO		25. DATE RECD. BY LOCAL REG. 12-10-62	26. REGISTRAR'S SIGNATURE Ruth Long

USE BLACK INK OR TYPEWRITER RIBBON

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

Ralph E. Van Landingham

Licensed Embalmer No. 4009

Excelsior Springs, 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.