

5484

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 124

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, write RURAL and give township) INDEPENDENCE		c. CITY (If outside corporate limits, write RURAL and give township) INDEPENDENCE	
c. LENGTH OF STAY (in this place) 60 YRS.		d. STREET ADDRESS (If rural, give location) 1838 VASSAR AVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1838 VASSAR AVE			

3. NAME OF DECEASED (Type or Print) PAUL CASNER THOMPSON			4. DATE OF DEATH MARCH 28, 1950		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT, 1, 1875	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 4 HRS. Min.
--------------------	-------------------------------	---	--------------------------------------	---	---------------------------	-------------------------	--------------------------	-------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) YARDMASTER	10b. KIND OF BUSINESS OR INDUSTRY K.E. TERMINAL R.R.	11. BIRTHPLACE (State or foreign country) AVA, OHIO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	---	--

13a. FATHER'S NAME WILLIAM A. THOMPSON	13b. MOTHER'S MAIDEN NAME MARY CASNER	14. NAME OF HUSBAND OR WIFE MRS NITA THOMPSON
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	(If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 702-09-3527	17. INFORMANT'S SIGNATURE OR NAME EDWARD B. THOMPSON	ADDRESS HUSTON, TEXAS
---	--	--	---	------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute cardiac failure		INTERVAL BETWEEN ONSET AND DEATH 4 1/2 years 4201
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) arteriosclerosis coronary arteries and rise to the above cause (a) stating the underlying cause last. DUE TO (c) Calcareaus cardiac stenosis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT () (Specify) SUICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from 10/26, 1949, to 3/28, 1950, that I last saw the deceased alive on 3/28, 1950, and that death occurred at 7:30 Am., from the causes and on the date stated above.

23a. SIGNATURE Vance E. Lindholm	(Degree or title) M.D.	23b. ADDRESS Independence, Mo.	23c. DATE SIGNED 3/30/50
---	-------------------------------	---------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/31/50	24c. NAME OF CEMETERY OR CREMATORY Mound Grove cem.	24d. LOCATION (City, town, or county) (State) Independence, Mo.
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. Mar. 29-1950	REGISTRAR'S SIGNATURE [Signature]	25. GENERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Independence, Mo.
--	--	---	----------------------------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 14 1950

APR 1 RECD

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 _____

working under my personal supervision.

Student Embalmer No. None

Signed _____

Marion Steis

Signed _____
Student Embalmer

Licensed Embalmer No. 3156

P. O. Address Independence, 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 this body is not embalmed, fact should be so stated above.