

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13155**
Registrar's No. **1763**

FILED APR 26 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 6 yrs.		d. STREET ADDRESS (If rural, give location) 1116 Oakley	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1116 Oakley		3. NAME OF DECEASED (Type or Print) a. (First) MARY ELIZABETH b. (Middle) ELIZABETH c. (Last) THOMPSON	
4. DATE OF DEATH (Month) (Day) (Year) April 16 1952		5. SEX Female / 6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 6 1859	
9. AGE (In years last birthday) 92		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	
10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Daniel Lefel	
13b. MOTHER'S MAIDEN NAME Martha Cox		14. NAME OF HUSBAND OR WIFE Ed Thompson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Grace W. Thompson		ADDRESS K.C. Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES DUE TO (b) Chronic Nephritis DUE TO (c) Atherosclerosis 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 type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
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) (Min.)		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 <u>11-27, 1950</u> , to <u>4-9, 1952</u> , that I last saw the deceased alive on <u>4-9, 1952</u> , and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE Chas. C. Montgomery (Degree or title) M.D. DMD		23b. ADDRESS 1306 E-12 K.C. MO	
23c. DATE SIGNED 4-16-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 4-19-52		24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cem	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C. L. Forster ADDRESS Duneral Home K.C. Mo.	
DATE REC'D BY LOCAL REG. 4-17-52		REGISTRAR'S SIGNATURE Sheraldine Holmes	

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

Chas Montgomery
Vi 5335-
Prot Bldg.
2:00 pm

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

J. Virgil Herrick

Licensed Embalmer No. 35-89

P. O. Address Ke 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.