

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1659

State File No. 89

FILED FEB 9 1953		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 89	
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. LENGTH OF STAY (In this place) 4 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		25108	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3410 Benton				d. STREET ADDRESS (If rural, give location) 3410 BENTON BLVD.			
3. NAME OF DECEASED (Type or Print) a. (First) Core b. (Middle) Delphine c. (Last) Thompson			4. DATE OF DEATH (Month) (Day) (Year) Jan. 7-1953				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 2	8. DATE OF BIRTH Jan 28 1862		9. AGE (Years last birthday) 90	IF UNDER 1 YEAR Months	IF UNDER 10 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-keeper		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Zanesville Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME JOHN BROWN		13b. MOTHER'S MAIDEN NAME Evaline Thacher		14. NAME OF HUSBAND OR WIFE F. E. Thompson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME Mrs. Orlin M. Kern ADDRESS 3410 Benton Blvd			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
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) Bronchopneumonia					5 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerotic Heart Disease					10 years
		DUE TO (c) Fractured Hip Right. Healed by traction.					6 mos.
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) Kansas City Jackson Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Jan 2, 1952, to Jan 7, 1953, that I last saw the deceased alive on Jan 2, 1953 and that death occurred at 6:30 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Florence M. Innis (Degree or title) M.D. 0618 Professional Bldg				23b. ADDRESS		23c. DATE SIGNED 1/7/53	
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL		24b. DATE 1-10-53	24c. NAME OF CEMETERY OR CREMATORY Ridgeville Cemetery		24d. LOCATION (City, town, or county) (State) CAMERON MO		
DATE REC'D BY LOCAL REG. 1-8-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS DeMoss CRUNK CAMERON MO			

(Licensed Embalmer's Statement on Reverse Side)

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

250 3248

250 6840

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
Student Embalmer

Signed

W. M. Crunk

Licensed Embalmer No. 2583

P. O. Address *Hammon, Md*

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 ab