

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16214**
Registrar's No. **2006**

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 Ray		
b. CITY OR TOWN Jackson City, Mo		c. LENGTH OF STAY (in this place) 2 wks	c. CITY OR TOWN Orwick, Mo		0890
d. FULL NAME OF HOSPITAL OR INSTITUTION Children's Mercy Hospital			d. STREET ADDRESS (If rural, give location) Rt 1		
3. NAME OF DECEASED a. (First) Julie Ann b. (Middle) Thompson c. (Last) Thompson			4. DATE OF DEATH (Month) (Day) (Year) 5 4 1954		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH Sept. 2 - 1952		9. AGE (In years last birthday) 1 IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Orwick, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Hester Thompson		13b. MOTHER'S MAIDEN NAME Edna Warmaley		14. NAME OF HUSBAND OR WIFE --	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. --	17. INFORMANT'S SIGNATURE OR NAME Edna Warmaley, Orwick, Mo.		ADDRESS Rt 1	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TUBERCULOSIS MENINGITIS			INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MILITARY TUBERCULOSIS OF LUNG			
	DUE TO (c)			
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			002X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
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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)	
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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?			
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22. I hereby certify that I attended the deceased from **4-19**, 1954, to **5-4**, 1954, that I last saw the deceased alive on **5-4**, 1954, and that death occurred at **7:20** p.m., from the causes and on the date stated above.

23a. SIGNATURE Wayne Hart (Degree or title) M.D.		23b. ADDRESS 1710 Independence Av. K.C. Mo.		23c. DATE SIGNED 5/4/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5/4/1954	24c. NAME OF CEMETERY OR CREMATORY -	24d. LOCATION (City, town, or county) (State) Richmond Mo.		
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DATE REC'D BY LOCAL REG. 5-4-54	REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Carter ADDRESS Richmond, Mo		
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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

Thomas J. Carter

Licensed Embalmer No.

4474

P. O. Address

Richmond, Va.

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.