

FILED AUG 9 - 1954

STANDARD CERTIFICATE OF DEATH

State File No. 23538

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5644 Registrar's No. 52

1. PLACE OF DEATH  
a. COUNTY Lafayette

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY Lafayette

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Lexington Twp. c. LENGTH OF STAY (in this place) 2 weeks

c. CITY OR TOWN Odessa d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Goodloe Nursing Home

e. STREET ADDRESS (If rural, give location) 0540 2 blocks north of highway. 0

3. NAME OF DECEASED (Type or Print)  
a. (First) Thomas b. (Middle) Henry c. (Last) Thompson

4. DATE OF DEATH (Month) (Day) (Year)  
June 29, 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower

8. DATE OF BIRTH Oct. 25, 1860

9. AGE (In years last birthday) 93  
IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
IF UNDER 2 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman

10b. KIND OF BUSINESS OR INDUSTRY Wholesale

11. BIRTHPLACE (City and State or Foreign Country) Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Thompson

13b. MOTHER'S MAIDEN NAME Elizabeth Simmons

14. NAME OF HUSBAND OR WIFE None

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'S SIGNATURE OR NAME ADDRESS  
Hubert Thompson, Excelsior Springs, Mo.

18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Arteriosclerotic heart disease  
INTERVAL BETWEEN ONSET AND DEATH Years  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4200

20. AUTOPSY? YES  NO

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) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1954, to June 29, 1954, that I last saw the deceased alive on June 28, 1954, and that death occurred at 4:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE [Signature]

23b. ADDRESS (Degree or title) M.D. Higginville

23c. DATE SIGNED Mo June 29-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE July 1, 1954

24c. NAME OF CEMETERY OR CREMATORY Odessa Cemetery

24d. LOCATION (City, town, or county) (State) Odessa, Mo.

DATE REC'D BY LOCAL REG. 6-30-54

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
[Signature] Odessa, Mo.

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

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**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 *Livingston K. Korman*.....  
Licensed Embalmer No. *752*

P. O. Address *Odesa*.....

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.