FILED NOV 5 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34185

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4818

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Menorah Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Wyandotte
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): X 4515 Cambridge

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) M. c. (Last) Thompson

4. DATE OF DEATH (Month) (Day) (Year): Oct. 16, 1954

5. SEX: male D
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 1-22-1908
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): machine operator
10b. KIND OF BUSINESS OR INDUSTRY: Paper Co.
11. BIRTHPLACE (City and State or Foreign Country): Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME: John W. Thompson
13b. MOTHER'S MAIDEN NAME: Elizabeth Patton
14. NAME OF HUSBAND OR WIFE: Fern
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 487-09-4326
17. INFORMANT'S SIGNATURE OR NAME: Fern F. Thompson — ADDRESS: Kansas City, Kans.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of the hip and abdomen.

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 974X

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 ☐ NO ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide?
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 4515 Cambridge
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kansas City Wyandotte, Kansas
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10-14-54 6:30 A.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Deceased shot self with shotgun.

22. I hereby certify that I attended the deceased from Coroner's Case, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title) Coroner — **23b. ADDRESS** 1034 Realty Bldg — **23c. DATE SIGNED**
24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 10-18-54
24c. NAME OF CEMETERY OR CREMATORY: Maple Hill
24d. LOCATION (City, town, or county) (State): Kansas City, Kans.
DATE REC'D BY LOCAL REG.: 10-17-54
REGISTRAR'S SIGNATURE: neva minshall
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Gates Funeral Home Kansas City, Kans.
(Licens[illegible] Embalmer's Statement on Reverse Side)

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot wound of abdomen
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) rupture of stomach - colon - pancreas + abdominal wall
DUE TO (c) [illegible]

ONSET AND DEATH: 43 [illegible]

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. [illegible]

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Rupture stomach - colon - pancreas abdominal wall - lower 4 ribs
20. AUTOPSY? YES ☒ NO ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 4515 Cambridge KCK
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 4515 Cambridge Wyandotte Kans.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10 14 54 7 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Attempt suicide with shot gun placed against upper left abdomen

22. I hereby certify that I attended the deceased from 10-14-, 1954, to 10-16-, 1954, that I last saw the deceased alive on 10-15-, 1954, and that death occurred at 2:20 A m., from the causes and on the date stated above.

23a. SIGNATURE E. L. Petry (Degree or title) M.D. — **23b. ADDRESS** 701 E 63d St Kansas City Mo — **23c. DATE SIGNED** 10-16-54
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-18-54
24c. NAME OF CEMETERY OR CREMATORY: Maple Hill Cem.
24d. LOCATION (City, town, or county): Kansas City, Kansas
DATE REC'D BY LOCAL REG.: 10-1[illegible]-54
REGIST[illegible] — [illegible]R'S SIG — [illegible]DRESS: [illegible]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student..... Signature of Student Embalmer Signed.....

Licensed Embalmer No.....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
mply with the above constitutes grounds for revocation of license).
f embalmed by a STUDENT, he also shall sign in his OWN handwriting..
this body is not embalmed, fact should be so stated above.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student..... Signature of Student Embalmer Signed Guy H. Shelt

Licensed Embalmer No. 7

P. O. Address N. C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
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.