No. 300
10.48

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

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41261

Registrar's No. 5608

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

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): 19 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Research Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 1532 Elmwood Avenue

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

4. DATE OF DEATH (Month) (Day) (Year): Dec. 5th, 1954

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 14, 1891
9. AGE (In years last birthday): 63 — 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): Fireman
10b. KIND OF BUSINESS OR INDUSTRY: Shipper Car Line Company
11. BIRTHPLACE (City and State or Foreign Country): Cherryvale, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George Thompson
13b. MOTHER'S MAIDEN NAME: Artie Daniels
14. NAME OF HUSBAND OR WIFE: Hazel Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 486-07-7411
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Hazel Thompson 1532 Elmwood K.C.Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Anterior myocardial infarction — 3 hours
DUE TO (c) — 1/201

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Bronchial asthma — 8 years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

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) m.
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* Dec 4, 1954, *to* Dec 5, 1954, *that I last saw the deceased alive on* Dec 5, 1954, *and that death occurred at* 11 10 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE E. G. Kettner — (Degree or title): M.D.
23b. ADDRESS: Kansas City Mo.
23c. DATE SIGNED: 12/6/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/8/54
24c. NAME OF CEMETERY OR CREMATORY: Liberty Cem.
24d. LOCATION (City, town, or county) (State): Liberty Kans.

DATE REC'D BY LOCAL REG.: 12-6-54
REGISTRAR'S SIGNATURE: Neva Marshall
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Earp & Sons 4139 Truman Rd. K.C.Mo.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Mc Clanahan
Prof. Bldg.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James W. Earp

Licensed Embalmer No. 46

P. O. Address N. C.

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