Health, Welfare Public Service

300 1-56

FILED OCT 4 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 31064

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 424

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence — Inside Limits Yes ☐ No X
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence — Length of stay in 1b 73 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Independence — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 1235 W. Lexington — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: Margaret Middle: Ellen Last: Thompson

4. DATE OF DEATH Month Sept. Day 26 Year 1956

5. SEX female

6. COLOR OR RACE white

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐

8. DATE OF BIRTH Feb. 25, 1883

9. AGE (In years last birthday) 73

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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY self employed

11. BIRTHPLACE (City and state or country) Independence, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas Galvin

14. MOTHER'S MAIDEN NAME Bridget Conley

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. none

17. INFORMANT Chas. T. Thompson Address Independence, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c)]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: Sept 26-1956

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 1 year

DUE TO (c) Senecen — 1 year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 6, 1956 to Sept 26-1956 and last saw her/him alive on 9-25-56

Death occurred at 12:10 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lt. Allen M. D. (Degree or title)

22b. ADDRESS Independence Mo.

22c. DATE SIGNED 9-26-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 9/28/56

23c. NAME OF CEMETERY OR CREMATORY St. Marys Cem.

23d. LOCATION (City, town, or county) (State) Independence, Mo.

24. FUNERAL DIRECTOR H. C. Carson ADDRESS Independence, Mo.

25. DATE RECD. BY LOCAL REG. 9-28-56

26. REGISTRAR'S SIGNATURE James [illegible]

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

54 0

STATEMENT BY LICENSED EMBALMER

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

~~by me, or~~ by JOHN A. DeJMON, Student Embalmer No. 5

working under my personal supervision..

Student John A. DeJmon
Signature of Student Embalmer

Signed Floyd C. Carson

Licensed Embalmer No. 419

P. O. Address

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