

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040372

STATE FILE NUMBER

FILED NOV 18 1958

Registration District No. 146

Primary Registration District No. 4237

Registrar's No. 469

X  
300  
1-57

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1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RAYTOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 93rd & Blue Ridge		Length of stay in lb hr.	d. STREET ADDRESS (If outside, give location) 1215 Euclid
3. NAME OF DECEASED (Type or print) First Middle Last ANDREW WILBURN THOMPSON			4. DATE OF DEATH Month Day Year November 6, 1958
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 2, 1921
9. AGE (In years last birthday) 37 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction	11. BIRTHPLACE (City and state or country) Smithville, Texas
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction		10b. KIND OF BUSINESS OR INDUSTRY Bowens Const. Co.	12. CITIZEN OF WHAT COUNTRY? US
13a. FATHER'S NAME Frank Thompson		13b. MOTHER'S MAIDEN NAME Gertrude Wilburn	14. NAME OF HUSBAND OR WIFE Opal Thompson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWT		16. SOCIAL SECURITY NO. 160-22-1031	17. INFORMANT Opal Thompson Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple compound comminuted Fractures of Bones of Skull. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) of Bones of Skull. DUE TO (c) Compound Fracture both Bones Right Forearm PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Dump Truck - Tractor Collision	
20c. TIME OF INJURY Hour a.m. 7:03 Month, Day, Year 11/6/1958		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) 93rd & Blue Ridge	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Kansas City, Jackson, Mo.	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Deputy Coroner		22b. ADDRESS 1618 Lydia Ave	
22c. DATE SIGNED 11/8/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-10-58	23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn
23d. LOCATION (City, town, or county) Kans. City, Missouri			
24. FUNERAL DIRECTOR Watkins Bros. Funeral Home 18th & Benton		25. DATE RECD. BY LOCAL REG. 11-10-58	26. REGISTRAR'S SIGNATURE Ramon Krutz

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that ~~8561 0 2 non~~ 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 *James R. Watkins* .....

Licensed Embalmer No. *4540*

P. O. Address *18th & Bente*

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.