

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044440
STATE FILE NUMBER

FILED JAN 5 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 5959

300
1-57

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 KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY 21048
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		Length of stay in 1b 32 Day 45 yrs.	d. STREET ADDRESS (If outside, give location) 4221 Forrest
3. NAME OF DECEASED (Type or print) First LEWIS Middle HALLET Last THOMPSON		4. DATE OF DEATH Month DECEMBER Day 14 Year 1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-12-97
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years at birthday) 61
11. BIRTHPLACE (City and state or country) Kingston, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME LEWIS H. THOMPSON, SR		13b. MOTHER'S MAIDEN NAME ELLA BASSETT	14. NAME OF HUSBAND OR WIFE SARA JANE THOMPSON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, Yes (unknown) 11-4-18 to 6-30-19)		16. SOCIAL SECURITY NO. 49 5 09 1770	17. INFORMANT Address Official Records, VA Hospital, K.C. Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO (b) Residual carcinoma of rectum with metastases to brain and lungs. DUE TO (c) Acute bilateral pyelonephritis			INTERVAL BETWEEN ONSET AND DEATH 154
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. Attended the deceased from 11-12-58 to 12-14-58 Death occurred at 4:10 a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>A. J. Williams, M.D.</i> (Degree or title) D		22b. ADDRESS 4801 Linwood, Kansas City, Mo.	
22c. DATE SIGNED 12-14-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC. 17, 1958	23c. NAME OF CEMETERY OR CREMATOR MT. MORIAH	23d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS - KANSAS CITY, MO. ADDRESS 1231 BRUSH CREEK		25. DATE RECD. BY LOCAL REG. 12-16-58	
26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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

Harold B. Catternae

Licensed Embalmer No. 3035

P. O. Address *Old Co. Rd.*

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.