IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 3 1960

-60-035077

STATE FILE NUMBER

NDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4743

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b: 116 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A HOSPITAL — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE KANSAS — b. COUNTY Shawnee
c. CITY OR TOWN TOPEKA — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 327 LAWRENCE — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First ELMER Middle CHARLES Last THOMPSON

4. DATE OF DEATH Month September Day 16 Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 5-24-86

9. AGE (last birthday) 74 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Santa Fe RR carpenter, retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Harper, Kansas

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Charles Thompson

13b. MOTHER'S MAIDEN NAME Susan Bolton

14. NAME OF HUSBAND OR WIFE Esther Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO. —

17. INFORMANT VA Hospital Official Rcds, K.C.Mo. Address Esther Thompson, 327 Lawrence, Topeka, Kans

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) tracheobronchitis, and pneumonia of right lung

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

DUE TO (b) post-operative state, ten days, right lower lobectomy

DUE TO (c) squamous cell carcinoma of lower lobe of right lung

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
emphysema, advanced

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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. VA attended the deceased from May 23, 1960, to Sept. 16, 1960 xxxxxxxxxxxx

Death occurred at 12:15 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title)

22b. ADDRESS VA Hospital, Kansas City, Mo.

22c. DATE SIGNED 9-17-60

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

23b. DATE Sept. 17, '60

23c. NAME OF CEMETERY OR CREMATORY Wall- Diffenderfer F. H.

23d. LOCATION (City, town, or county) (State) Topeka, Kansas

24. FUNERAL DIRECTOR D.W. Newcomer's Son's Kansas City, Mo. ADDRESS

25. DATE RECD. BY LOCAL REG. 9-17-60

26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF T. F. Fritzlen

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Louis Quest

Signature of Student Embalmer

Licensed Embalmer No. 409

P. O. Address K. C. 7

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