TYPE/PRINT IN PERMANENT BLACK INK. FOR INSTRUCTIONS SEE HANDBOOK.

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

CERTIFICATE OF DEATH

STATE FILE NUMBER 124-08 103982

REGISTRATION DISTRICT NO. REGISTRAR'S NUMBER

VS 300

MO 580-2211 (3-03)

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Kathleen M. Thompson
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): 09/29/2008
4. SOCIAL SECURITY NO.: 508-64-8919
5a. AGE - Last Birthday (Years): 60
5b. UNDER 1 YEAR — MONTHS / DAYS
5c. UNDER 1 DAY — HOURS / MINUTES
6. DATE OF BIRTH (Month, Day, Year): 10/24/1947
7. BIRTHPLACE (City and State or Foreign Country): Scottsbluff, Nebraska
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? ☐ Yes ☒ No ☐ Unk.
9a. PLACE OF DEATH (Check only one) HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA OTHER: ☐ Nursing Home ☐ Residence ☒ Other (Specify) Hospice House
9b. FACILITY NAME (If not institution, give street and number): Kansas City Hospice&Palliative Care Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Kansas City
9d. COUNTY OF DEATH: Jackson
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced, (Specify): Divorced
11. SURVIVING SPOUSE'S NAME (If wife, give full maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Human Resources
12b. KIND OF BUSINESS OR INDUSTRY: Banking
13a. RESIDENCE - STATE: Kansas
13b. COUNTY: Leavenworth
13c. CITY, TOWN, OR LOCATION: Leavenworth
13d. ZIP CODE: 66048
13e. STREET AND NUMBER: 1522 Kansas Avenue
13f. INSIDE CITY LIMITS: 1 ☒ Yes 2 ☐ No
13g. YEARS AT PRESENT ADDRESS: 1 ☐ Under 5 2 ☐ 5-9 3 ☒ 10-19 4 ☐ 20 or more
14. WAS DECEDENT OF HISPANIC ORIGIN (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.): 0 ☒ No ☐ Yes Specify:
15. RACE - American Indian, Black, White, etc. (Specify): White
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12 College (1-4 or 5+): 02

FOR USE BY PHYSICIAN OR INSTITUTION — NAME OF DECEDENT

PARENTS

17. FATHER'S NAME (First, Middle, Last): Richard P. DeWeese
18. MOTHER'S NAME (First, Middle, Maiden Surname): Dorothy M. Felton

INFORMANT

19a. INFORMANT'S NAME (Type/Print): William M. Stone
19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1522 Kansas Avenue Leavenworth, KS 66048

DISPOSITION

20a. BURIAL, CREMATION, OTHER (Specify): Cremation
20b. DATE OF DISPOSITION (Month, Day, Year): 10/01/2008
20c. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Central States Crematory
20d. LOCATION (City or Town, State): Kansas City, MO
21. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH: [signature] Davis T. Moulden
22a. NAME AND ADDRESS OF FACILITY: Davis Funeral Chapel, Inc. 531 Shawnee Street Leavenworth, Kansas 66048
22b. FUNERAL ESTABLISHMENT LICENSE NUMBER: 210 KS

CAUSE OF DEATH

23. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Non Small Cell Lung Cancer — Approximate Interval Between Onset and Death: 11 months

DUE TO (OR AS A CONSEQUENCE OF): b.

DUE TO (OR AS A CONSEQUENCE OF): c.

DUE TO (OR AS A CONSEQUENCE OF): d.

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

24. IF DECEASED WAS FEMALE 10-49, WAS SHE PREGNANT IN THE LAST 90 DAYS? 1 ☐ Yes 2 ☐ No ☐ Unk.
25a. WAS AN AUTOPSY PERFORMED? 1 ☐ Yes 2 ☒ No
25b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ Yes 2 ☐ No
26. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
27a. DATE OF INJURY (Month, Day, Year):
27b. TIME OF INJURY: M
27c. INJURY AT WORK? 1 ☐ Yes 2 ☐ No ☐ Unk.
27d. DESCRIBE HOW INJURY OCCURRED
27e. PLACE OF INJURY - At home, farm street, factory, office building, etc. (specify)
27f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

CERTIFIER

28a. (Specify) ☒ CERTIFYING PHYSICIAN ☐ MEDICAL EXAMINER/CORONER
28b. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) [signature] Amy Clarkson MD
28c. DATE SIGNED (Month, Day, Year): 10/14/08
28d. TIME OF DEATH: 10:30 A. M
29a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print): Amy Clarkson, MD, Kansas City Hospice House 12000 Wornall Road, Kansas City, MO 64145
29b. MO. LICENSE NUMBER: 2007006874
30. WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? ☐ Yes ☒ No
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)
32. REGISTRAR'S SIGNATURE: [signature] Clifford A. Dennis Jr.
33. DATE RECEIVED BY LOCAL REGISTRAR (Month, Day, Year): October 29, 2008

STATEMENT BY LICENSED EMBALMER

I hereby certify that the deceased named above was embalmed by me, or by ____________, Student Embalmer No. ________ working under my personal supervision.

Student ____________ Signed Not Embalmed

THIS IS A CERTIFIED COPY OF AN ORIGINAL DOCUMENT (Do not accept if rephotographed, or if seal impression cannot be felt.)

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STATE OF MISSOURI } ss

I HEREBY CERTIFY that this is an exact reproduction of the certificate for the person named therein as it now appears in the permanent records of the Bureau of Vital Records of the Missouri Department of Health. Witness my hand as County Registrar of Vital Statistics and the Seal of the Missouri Department of Health and Senior Services this date of October 29, 2008

[signature] Clifford A. Dennis