

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8735

State File No.

FILED APR 14 1949

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 1-13

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanitarium</u>			d. STREET ADDRESS (If rural, give location) <u>2215 Glenwood</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Martin</u> c. (Last) <u>Staley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 30, 1949</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 13, 1920</u>	9. AGE (In years last birthday) <u>28</u>	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Witte Engine Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Urlich, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>America</u>	
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13a. FATHER'S NAME <u>Claude E. Staley</u>		13b. MOTHER'S MAIDEN NAME <u>Nettie Martin</u>		14. NAME OF HUSBAND OR WIFE <u>Edith J. Staley</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW II</u>		16. SOCIAL SECURITY NO. <u>514 01 1651</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Edith J. Staley, Independence, Mo.</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>2nd & 3rd degree burns of face neck entire upper extremities least legs & feet</u> ANTECEDENT CAUSES <u>for next entire upper extremities</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>gasoline fire</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>8916</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Independence Jackson MO</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar - 27 - 1949</u> a. m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Clearing motor with gasoline & lighter</u>	
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22. I hereby certify that I attended the deceased from Mar 27, 1949, to Mar 30, 1949, that I last saw the deceased alive on Mar 30, 1949, and that death occurred at 5:02 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles Wickett, Jr. D.O.</u>		23b. ADDRESS <u>Independence Mo</u>		23c. DATE SIGNED <u>3-31-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>Apr. 2, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hills</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Apr. 1 - 1949</u>		REGISTRAR'S SIGNATURE <u>Edmond Saly</u>		FUNERAL DIRECTOR'S SIGNATURE <u>E. Paul Amos #4385</u>		ADDRESS <u>Shawnee, Kans.</u>	
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APR 20 1949

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.

Signed _____

E. Paul Amos

Signed _____
Student Embalmer

Licensed Embalmer No. _____

4385

P. O. Address _____

Shawnee Kans

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 this body is not embalmed, fact should be so stated above.