

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

137787
State File No. 5456

| | | | | | | | |
|---|--|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | |
| 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) <u>Kansas City</u> | | c. LENGTH OF STAY (In this place) <u>48 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | d. STREET ADDRESS (If rural, give location) <u>908 Newton</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>908 Newton</u> | | | | d. STREET ADDRESS (If rural, give location) <u>908 Newton</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> | | b. (Middle) <u>W.</u> | | c. (Last) <u>Rees</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>12 24 49</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single <u>Widowed</u> | | 8. DATE OF BIRTH <u>3/12/1897</u> | |
| 9. AGE (In years last birthday) <u>72</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>M.O.P. Railroad</u> | | 11. BIRTHPLACE (State or foreign country) <u>Wales, England</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Martha Rees</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>—</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Coroner</u> | | ADDRESS <u>K.C. Mo</u> | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of death unknown</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Probably Coronary Occlusion</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>no relation to sign post found</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 22a. SIGNATURE OF REGISTRAR (Degree or title) <u>Walter H. Owens Coroner 3</u> | | | | 22b. ADDRESS <u>1034 Oak St. Bldg.</u> | | 22c. DATE SIGNED <u>12-24-49</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>12-27-49</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u> | | 23d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>12-26-49</u> | | REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John P. Skil</u> | | ADDRESS <u>K.C. Mo.</u> | |

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

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
Student Embalmer

Signed _____

John P. Shild

Licensed Embalmer No. 3625

P. O. Address P. O. No.

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.