

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9051**  
**933**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>JACKSON</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (Specify place) <b>22 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		3118	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital #1</b>				d. STREET ADDRESS (If rural, give location) <b>Washington Hotel K C Mo</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Thomas</b>		b. (Middle) <b>King</b>		c. (Last) <b>Toates</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2/27/50</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Wh</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>8/25/1909</b>	
9. AGE (In years last birthday) <b>40</b>		IF UNDER 1 YEAR Months <b>6</b> Days <b>3</b>		IF UNDER 4 HRS. Hours <b>1</b> Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>no</b>		11. BIRTHPLACE (State or foreign country) <b>Millwaukee, Oregon</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>Thomas King Toates</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Graham</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Lee Hubbard Toates</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WWII</b>		16. SOCIAL SECURITY NO. <b>487-07-7186</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Kenneth Toates York Hotel</b>			
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) <b>3rd Burns 1/2 Body -</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above, cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Fibro caseous Tuberculosis 40</b>				INTERVAL BETWEEN ONSET AND DEATH  <b>E 9/166</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Deputy Coroner</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <b>Accident</b> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, office bldg., etc.) <b>Hotel</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kansas City Jackson Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <b>2 21 50</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Bed caught fire</b>			
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.							
23a. SIGNATURE <b>A.E. Upsher</b>		(Name or Title) <b>MD</b>		23b. ADDRESS <b>800 Main</b>		23c. DATE SIGNED <b>2/27/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/2/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Nat. National Cemetery</b>		24d. LOCATION (City, town, or county) (State). <b>Ft. Leavenworth, Kans.</b>	
DATE REC'D BY LOCAL REG. <b>2-28-50</b>		REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John P. Shair</b>		ADDRESS <b>K.C. Mo.</b>	

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. Sheil .....

Licensed Embalmer No. 3625 .....

P. O. Address 1562d .....

**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.