

FILED MAY 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16962**  
**2099**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>60yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>4324 Genesse</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Colonial Nursing Home</b>			

**3718**  
**3715**

3. NAME OF DECEASED (Type or Print) a. (First) <b>Thomas</b> b. (Middle) <b>Wesley</b> c. (Last) <b>Southard</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 5 1950</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb. 27 1863</b>	9. AGE (in years last birthday) <b>87</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Milling &amp; Feed</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	11. BIRTHPLACE (State or foreign country) <b>Leavenworth, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>

13a. FATHER'S NAME <b>Wesley Southard</b>		13b. MOTHER'S MAIDEN NAME <b>Eleanor Bostick</b>		14. NAME OF HUSBAND OR WIFE <b>Ida May Southard</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Hal N. Cederland K. C. Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 yrs</b> <b>20 yrs</b> <b>4222</b> <b>7 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senility</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Blind</b>		

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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) (Min.)	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 **24 Apr 1950**, to **15-15**, 19**50**, that I last saw the deceased alive on **4 May, 1950** and that death occurred at **1:05 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Gordon P. Barnett</b> (Name or title)		23b. ADDRESS <b>M. D. 6333 Brookside Plaza</b>	23c. DATE SIGNED <b>5 May 50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/6/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>

DATE REC'D BY LOCAL REG. <b>5-6-50</b>	REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gates Funeral Home K. C. Kans.</b>
--	--	--

Dr. Burnett  
6333 Brookside

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

*Jimmy S. Hucherson*

Licensed Embalmer No. *4092*

P. O. Address *Mission, 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.