

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **15700**

FILED MAY 21 1951

BIRTH NO. 27341-51 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 538

0173

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

|  |  |  |   |  |                                 |
|--|--|--|---|--|---------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Buchanan</b>   |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b> |  |                                 |
| b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Joseph</b>   |  | c. LENGTH OF STAY (in this place) <b>1 day</b>   | c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>  |  |                                 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Methodist Hospital</b>   |  |  | d. STREET ADDRESS (If rural, give location) <b>2526 A. Pacific St.</b>  |  |                                 |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Jane</b>  |  | b. (Middle) <b>Mitchell</b>  |   | c. (Last) <b>Thomas</b>  |                                 |
| 4. DATE OF DEATH (Month) (Day) (Year)<br><b>May 16 1951</b>  |  | 5. SEX <b>female</b>   |   | 6. COLOR OR RACE <b>white</b>  |                                 |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>infant</b>   |  | 8. DATE OF BIRTH <b>May 15, 1951</b>   |   | 9. AGE (In years last birthday) <b>12</b> <small>IF UNDER 1 YEAR: Months <b>0</b> Days <b>50</b></small> |                                 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |  | 10b. KIND OF BUSINESS OR INDUSTRY  |   | 11. BIRTHPLACE (State or foreign country) <b>St. Joseph, Missouri</b>                                    |                                 |
| 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>  |  | 13a. FATHER'S NAME <b>Stanford Thomas</b>  |   | 13b. MOTHER'S MAIDEN NAME <b>Thelma Lee Young</b>  |                                 |
| 14. NAME OF HUSBAND OR WIFE  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>                            |   | 16. SOCIAL SECURITY NO. <b>none</b>  |                                 |
| 17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Stanford Thomas</b>   |  | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))                               |   | 19. ADDRESS <b>2526 A. Pacific St. St. Joseph, Missouri</b>  |                                 |
| 18. CAUSE OF DEATH   |  | MEDICAL CERTIFICATION  |   |  |                                 |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity - primary atelectasis</b>  |  | INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs.</b>  |   |  |                                 |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |  | 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.  |  | 19a. DATE OF OPERATION   |   |  |                                 |
| 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY? <b>7625</b>   |   | YES <input checked="" type="checkbox"/> NO <input 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)  |  | 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 <b>5/15, 1951</b> , to <b>5/16, 1951</b> , that I last saw the deceased alive on <b>5/16, 1951</b> , and that death occurred at <b>5:40 Am.</b> , from the causes and on the date stated above. |  |  |   |  |                                 |
| 23a. SIGNATURE (Degree or title) <b>Charles J. Sherwin, M.D.</b>   |  |  | 23b. ADDRESS <b>902 Edmund St., St. Joseph, Mo.</b>   |  | 23c. DATE SIGNED <b>5-16-51</b> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>  |  | 24b. DATE <b>5/16/1951</b>   |   | 24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>  |                                 |
| 24d. LOCATION (City, town, or county) (State) <b>St. Joseph Missouri</b>   |  | DATE REC'D BY LOCAL REG. <b>May 18, 1951</b>   |   | REGISTRAR'S SIGNATURE <b>Carl C. Casper</b>  |                                 |
| 25. FUNERAL DIRECTOR'S SIGNATURE <b>Walter Bowman</b>  |  | ADDRESS <b>Funeral Home - St. Joseph, Mo.</b>  |   |  |                                 |

**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 \_\_\_\_\_

*Kenneth E. Hayes*

Student Embalmer No. 428

working under my personal supervision.

Student *Kenneth E. Hayes*  
Student Embalmer

Signed *William Spalding*

Licensed Embalmer No. 4535

P. O. Address 319 S. 10th St. Joseph, Mo.

**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.