

FILED JUN 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20407

State File No.

2642

BIRTH NO. 45167-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blue Springs	
c. LENGTH OF STAY (in this place) 3 hr.		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION Conley Maternity Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Dean c. (Last) Thrasher		4. DATE OF DEATH (Month) (Day) (Year) 6-14-51	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 6-14-51
9. AGE (In years last birthday) 3 IF UNDER 1 YEAR Months 24 IF UNDER 24 HRS. Hours 24		11. BIRTHPLACE (State or foreign country) Missouri, U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? U.S.	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Arthur Dale Thrasher	13b. MOTHER'S MAIDEN NAME Barbara Ann Acarborough	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Arthur D. Thrasher</i>	ADDRESS <i>Blue Springs Mo</i>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7593
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple congenital anomalies		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity (26 weeks) DUE TO (c) Abruptio placenta		
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? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) m.	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 6-14, 1951, to 6-14, 1951, that I last saw the deceased alive on 6-14, 1951, and that death occurred at 5:55 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Fred J. Zammar</i>	(Degree or title) D.O.	23b. ADDRESS Independence, Missouri	23c. DATE SIGNED 6-15-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Crementation	24b. DATE 6-18-51	24c. NAME OF CEMETERY OR CREMATORY K.C.C.O.S. PATH LAB	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG 6-21-51	REGISTRAR'S SIGNATURE <i>Sheraldine Holmes</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>H.C.C.O. + S. Path. Lab. K.C. Mo.</i>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1000 1000

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.....

Licensed Embalmer No.....

P. O. Address.....

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.