

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20702**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2665	
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) KANSAS CITY		c. LENGTH OF STAY (In this place) 50 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		3748	
d. FULL NAME OF HOSPITAL OR INSTITUTION BROOKSIDE HOTEL				d. STREET ADDRESS (If rural, give location) BROOKSIDE HOTEL*54th. & Brookside			
3. NAME OF DECEASED (Type or Print) HENRY		a. (First)		b. (Middle) LACEY		c. (Last) TOMLIN	
4. DATE OF DEATH 6-11-52		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH MAY 25, 1864		9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED BROKER		11. BIRTHPLACE (State or foreign country) MISSOURI	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JOHN TOMLIN		13b. MOTHER'S MAIDEN NAME ROBERTA JONES		14. NAME OF HUSBAND OR WIFE SALLY B. TOMLIN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Sally B. Tomlin - Brookside Hotel			
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) Uraemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr Pyelo-nephritis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 17 days 2 mos 60⁰⁰	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 3/13, 1952 to 6/11, 1952 , that I last saw the deceased alive on 6/10, 1952 and that death occurred at 6 A m., from the causes and on the date stated above.							
23a. SIGNATURE James D. Smith MD (Degree or title)				23b. ADDRESS 318 Prof. Bldg. K.C. Mo		23c. DATE SIGNED 6/11/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-12-52		24c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.	
DATE REC'D BY LOCAL REG. 6-12-52		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & MC CLURE KANSAS CITY, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

*Mr James Smith
Prof. Bluff Va 2710*

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Gerald A. Burger*

Signed
Student Embalmer

Licensed Embalmer No. *4763*

P. O. Address *K. C. 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.