

REC'D AUG 15 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28332**  
**3552**

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>2938 Euclid</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K.C. General Hospital</u>		3408	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUIS</u> b. (Middle) _____ c. (Last) <u>THOES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8 6 52</u>	
5. SEX <u>Ma</u> <u>0</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>7-8-1873</u>
9. AGE (In years less birthday) <u>78</u> <u>79</u> <u>79</u> <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret'd Employee</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Thoes</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Gale</u>	
14. NAME OF HUSBAND OR WIFE <u>Ellie Thoes</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>xx</u>	
16. SOCIAL SECURITY NO. <u>489-22-9997</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>A Mrs. John R. Gragg, 905 E. 28th St.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of death unknown</u> 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. <u>Probable Head Injury</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>No Relative to Sign Post Permit</u>	
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) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:20 A.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Hugh E. Owens</u> (Degree or title) _____		23b. ADDRESS <u>1034 Maple Bldg</u>	
23c. DATE SIGNED <u>8-6-52</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>8-9-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. St. Mary's</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>K E Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-8-52</u>		REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>	

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

MAR 19 1956

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 Alvin R. Haunschedel

Licensed Embalmer No. 4159

P. O. Address K. E. 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.