

1952 OCT 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31895

4327

| | | | | | | | | |
|---|--|--|--|---|---|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</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. LENGTH OF STAY (In this place) <u>54 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | d. STREET ADDRESS (If rural, give location) <u>7122 Jefferson</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u> | | | | 39 2/8 | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>LEO</u> | | b. (Middle) <u>E.</u> | | c. (Last) <u>THOMA, JR</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>9-30 52</u> | | |
| 5. SEX <u>Ma</u> | | 6. COLOR OR RACE <u>Wh</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>5-3-1891</u> | | |
| 9. AGE (In years last birthday) <u>61</u> | | IF UNDER 1 YEAR Months Days | | IF UNDER 24 HRS. Hours Min. | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret'd Soda Bottler</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Soda Mfg's</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Leo E. Thoma, Sr.</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Anna Bremer</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Adelaide Thoma</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> | | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Adelaide Thoma, 7122 Jeff. KC. Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>60 hours</u> | |
| <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</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 <u>pulmonary emphysema with chronic cor pulmonale</u> | | | | | 54 1/2 | |
| 19a. DATE OF OPERATION <u>Sept. 27, 1952</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>chronic peptic ulcer</u> | | | | | 20. AUTOPSY? 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) (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 <u>Sept 20, 1952</u> , to <u>Sept. 30, 1952</u> , that I last saw the deceased alive on <u>Sept. 30, 1952</u> , and that death occurred at <u>11:25 p.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>J. E. Castles</u> (Degree or title) <u>M. D.</u> | | | | 23b. ADDRESS <u>1002 Argyle Building Kansas City 6, Missouri</u> | | 23c. DATE SIGNED <u>Oct. 3, 1952</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>10-3-62</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>10-3-52</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Wagner</u> | | ADDRESS <u>K C Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 5 1932

211-012-11-3-33

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. Haunschild

Licensed Embalmer No. 4159

P. O. Address K. E. 2110

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.