

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35244**
4539

FILED NOV 8 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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 OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>57 YEARS</u> | | c. CITY OR TOWN <u>Kansas City</u> <u>2818</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Catholic Hospital Harrison</u> | | d. STREET ADDRESS (If rural, give location) <u>1215 East 61st Street</u> | |

| | |
|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>WILSON</u> c. (Last) <u>THOMAS</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>October 15 1952</u> |
|---|---|

| | | | | |
|--------------------|-------------------------------|---|--------------------------------------|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>JULY-17-1893</u> | 9. AGE (In years last birthday) <u>58 5/8</u> Months _____ Days _____ If under 1 year: Hours _____ Min. _____ |
|--------------------|-------------------------------|---|--------------------------------------|--|

| | | | |
|---|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LUBRICATING ENGINEER</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>TEXAS COMPANY</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS CITY MISSOURI</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---|--|--|--|

| | | |
|--|--|---|
| 13a. FATHER'S NAME <u>Unknown - THOMAS</u> | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | 14. NAME OF HUSBAND OR WIFE <u>Katherine Thomas</u> |
|--|--|---|

| | | | |
|---|--|---|--------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR I</u> | 16. SOCIAL SECURITY NO. <u>486-03-9177</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Ms. Katherine Thomas</u> | ADDRESS <u>1215 E. 61st St. K.C.</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, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4201</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardial infarction</u> | | |
| | 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? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|------------------------------|--|--|

| | | |
|---|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u> | 21b. PLACE OF INJURY (e.g., to 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 1:15 P.m., from the causes and on the date stated above.

| | | |
|---|-------------------------------------|----------------------------------|
| 23a. SIGNATURE <u>Hugh E. Owens</u> (Degree or title) | 23b. ADDRESS <u>1034 North Blvd</u> | 23c. DATE SIGNED <u>10-16-52</u> |
|---|-------------------------------------|----------------------------------|

| | | | |
|---|------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>OCT-17-1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAN CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u> |
|---|------------------------------|---|---|

| | | | |
|--|--|--|--------------------------------------|
| DATE REC'D BY LOCAL REG. <u>10-17-52</u> | REGISTRAR'S SIGNATURE <u>Seraldine Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>A. H. Newcomer</u> | ADDRESS <u>Long Kansas City, Mo.</u> |
|--|--|--|--------------------------------------|

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

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 _____

John R. Sidmon

Licensed Embalmer No. *4531*

P. O. Address *Kansas City, 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.