

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6310

FILED FEB 18 1953

637

BIRTH NO.		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) Kansas City		c. LENGTH OF STAY (In this place) LIFE		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		3878	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6662 The Paseo				d. STREET ADDRESS (If rural, give location) 6662 The Paseo			
3. NAME OF DECEASED (Type or Print) Thomas		a. (First) Thomas		b. (Middle) MS.		c. (Last) Speers	
4. DATE OF DEATH (Month) (Day) (Year) Jan. 27 1953		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH FEB. 2, 1898		9. AGE (In years last birthday) 54		10. MONTHS 54		11. DAYS 54	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POSTAL SUPERINTENDENT		10b. KIND OF BUSINESS OR INDUSTRY COACHWAY COACH STATION		11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME GEORGE SPEERS		13b. MOTHER'S MAIDEN NAME JENNIE VANICE		14. NAME OF HUSBAND OR WIFE LOTTIE E. SPEERS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME MRS. LOTTIE E. SPEERS, 6662-PASEO, K.C. Mo.			
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) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown DUE TO (c) unknown II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Sclerosis arteria				INTERVAL BETWEEN ONSET AND DEATH 4201	
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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-9 , 1953, to 1-19 , 1953, that I last saw the deceased alive on 1-19 , 1953, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE F. Weinberg				23b. ADDRESS 7204 Prospect, K. City, Mo.		23c. DATE SIGNED 1/29/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN-30-1953		24c. NAME OF CEMETERY OR CREMATOR OLD GERMAN CEMETERY		24d. LOCATION (City, town, or county) (State) NORTH KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 1-30-53		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE D. H. Tewcomer's Sons, Kansas City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 18 1953

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 Elmer Thomas

Licensed Embalmer No. 2640

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.