

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10124**
Registrar's No. **1529**

FILED APR 9 1953

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** _____

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)
30 yrs

c. CITY OR TOWN **Kansas City**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: **General Hospital No. 1**

e. STREET ADDRESS (If rural, give location)
2901 Forest

3428

3. NAME OF DECEASED
a. (First) **Floyd** b. (Middle) **B.** c. (Last) **Thomas**

4. DATE OF DEATH (Month) (Day) (Year)
3 15 53

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH
Oct. 10 1892

9. AGE (In years last birthday) **60 60**
IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Iron worker

10b. KIND OF BUSINESS OR INDUSTRY
Retired

11. BIRTHPLACE (City and State or Foreign Country)
Dover Missouri

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME
James A. Thomas

13b. MOTHER'S MAIDEN NAME
Alice Carson

14. NAME OF HUSBAND OR WIFE
Blanche Thomas (Dec.)

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.
486-09-7767

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Betty Locklear Chanute, Ks.

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.*

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Liver abscesses, lung abscesses and multiple brain abscesses etiology undetermined**
ANTECEDENT CAUSES **undetermined**
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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Feb. 27, 19 53**, to **March 15, 19 53** that I last saw the deceased alive on **March 15, 19 53**, and that death occurred at **9:45A m.**, from the causes and on the date stated above.

23a. SIGNATURE **B.I. Burns (Degree or title) M.D.**

23b. ADDRESS **24th & Cherry**

23c. DATE SIGNED **3-16-53**

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE **3-17-53**

24c. NAME OF CEMETERY OR CREMATORY
Green Lawn Cemetery

24d. LOCATION (City, town, or county) (State)
Kansas City, Missouri

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE
3-16-53 Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Mrs. C. L. Forster F.H. K.C. Mo.

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

Dr. [unclear]

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.....
Signature of Student Embalmer

Signed.....
Joe B. Yoder

Licensed Embalmer No. *417*

P. O. Address.....
K.C.

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**