

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32042

State File No.

4718

FILED OCT 15 1953

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 CALDWELL	
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL, FAIRVIEW TWP. 0130	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		d. STREET ADDRESS (If rural, give location) X	
3. NAME OF DECEASED a. (First) ARETA b. (Middle) C. c. (Last) THOMAS.		4. DATE OF DEATH (Month) (Day) (Year) 9 / 29 / 1953	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 11, 1881
9. AGE (In years last birthday) 72 71		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY RETIRED	
11. BIRTHPLACE (State or foreign country) CALDWELL CO, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WILLIAM SCHULTZ		13b. MOTHER'S MAIDEN NAME ADDIE SUTTER	
14. NAME OF HUSBAND OR WIFE SAMUEL THOMAS			
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. NONE	
17. INFORMANT'S SIGNATURE OR NAME VIRGIL LOOMIS, BRAYMER, MO.		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abdominal Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Carcinoma of Right Ovary		6 mo.	
Morbidity 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 Had Carcinoma of Rt breast		1945	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 1945 + 1953		19b. MAJOR FINDINGS OF OPERATION Ca. Rt. Breast. Ca. Rt. Ovary.	
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)		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>As Pathologist</u> , 19____, that I last saw the deceased alive on <u>Sept 29, 1953</u> , and that death occurred <u>at 11:55 A.M.</u> , from <u>the causes and on the date stated above.</u>			
23a. SIGNATURE <u>Hobart K. B. Allebach</u> (Print name or title)		23b. ADDRESS <u>2300 Holmes, K.C., Mo</u>	
23c. DATE SIGNED <u>9/29/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-29-53	
24c. NAME OF CEMETERY OR CREMATORY EVERGREEN CEMETERY		24d. LOCATION (City, town, or county) (State) BRAYMER, MO.	
DATE REC'D BY LOCAL REG. 9-30-53		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Michael Freeman</u>		ADDRESS <u>Freeman Mortuary</u>	

(Licensed Embalmer's Statement on Reverse Side)

KANSAS CITY, MO.

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 Walter H. Erwin

Licensed Embalmer No. 4352

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.