

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**FILED DEC 10 1953**

State File No. **39312**  
**5381**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1007</b>		Registrar's No. _____	
<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Jackson</b>		c. LENGTH OF STAY (in this place) <b>20 yrs.</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City 3546</b>		d. STREET ADDRESS (If rural, give location) <b>3432 Garfield</b>	
<b>3. NAME OF DECEASED</b>				<b>4. DATE OF DEATH</b>			
a. (First) <b>Orland</b>		b. (Middle) <b>C.</b>		c. (Last) <b>Thomas</b>		Date: (Month) (Day) (Year) <b>Nov 12 1953</b>	
<b>5. SEX</b> <b>Male</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>		<b>8. DATE OF BIRTH</b> <b>Sept 13 1891</b>	
<b>9. AGE</b> (In years last birthday) <b>62</b>		<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Night Watchman</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Meat Packing Co.</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Lyon, Kansas</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>		<b>13a. FATHER'S NAME</b> <b>Henry E. Thomas</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Berniece Thomas</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>496-07-2455</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Virginia Harding</b>			
<b>18. CAUSE OF DEATH</b>				<b>18. MEDICAL CERTIFICATION</b>			
Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cardiac failure</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>3 days</b>	
<b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				<b>DUE TO (b)</b> <b>Symphysis carcinoma of ileum</b>		<b>8 mo</b>	
				<b>DUE TO (c)</b> <b>Indigestion to liver &amp; lung</b>		<b>6 mo</b>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.				<b>1001</b>			
<b>19a. DATE OF OPERATION</b> <b>Aug 19 53</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>as above</b>		<b>20. AUTOPSY?</b>		<b>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></b>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <b>none</b>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from Aug 10<sup>th</sup> 1953 to NOV. 12, 1953, that I last saw the deceased alive on NOV 12, 1953, and that death occurred at 9:55 P.M., from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> John T. Skinner (Degree or title) <b>John T. Skinner MD</b>				<b>23b. ADDRESS</b> <b>1102 Grand K.C.MO</b>		<b>23c. DATE SIGNED</b> <b>11/13/53</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>11-15-53</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Calhoun</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>MO</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>11-13-53</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Geraldine Smith</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> / <b>ADDRESS</b> <b>Houses Funeral Home Calhoun, Mo</b>			

(Licensed Embalmer's Statement on Reverse Side) By **SIDMON'S**

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

1931 04

**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. Diden*  
Licensed Embalmer No. 45-31  
P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.