

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39313**

BIRTH NO. **79097** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **5314**

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Jackson | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City | c. LENGTH OF STAY (in this place) 5 days | c. CITY OR TOWN Kansas City | Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Lakeside | | e. STREET ADDRESS (If rural, give location) 439 N Drury 300 | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) SHARON b. (Middle) LYNN c. (Last) THOMAS | | | 4. DATE OF DEATH (Month) (Day) (Year) 11 9 53 | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED (specify)) 0 | 8. DATE OF BIRTH 11-4-53 | 9. AGE (in years last birthday) | IF UNDER 1 YEAR Months 5 IF UNDER 12 HRS. Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Kansas City Mo | | 12. CITIZEN OF WHAT COUNTRY? Mo |

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| 13a. FATHER'S NAME Henley Thomas | 13b. MOTHER'S MAIDEN NAME Alice C Corner | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. - | 17. INFORMANT'S SIGNATURE OR NAME Mr Henley Thomas ADDRESS K.C. Mo |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 8h |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 76 1/2 | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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 type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from **11-4**, 19**53**, to **11-9**, 19**53**, that I last saw the deceased alive on **11-9**, 19**53** and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE H. L. Rife (Degree or title) | 23b. ADDRESS Box 5811 Lawrence Rd. | 23c. DATE SIGNED 10-10-53 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 11/11/53 | 24c. NAME OF CEMETERY OR CREMATORY Green Lawn | 24d. LOCATION (City, town, or county) (State) Kansas City Mo |
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| DATE REC'D BY LOCAL REG. 11-11-53 | REGISTRAR'S SIGNATURE Geraldine Smith | 25. FUNERAL DIRECTOR'S SIGNATURE Sheels ADDRESS K.C. Mo |
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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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No 3625

P. O. Address K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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