

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43213-5992**

FILED JAN 14 1954
BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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

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) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 32 yrs		c. CITY OR TOWN Kansas City		d. 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 General Hospital #2				e. STREET ADDRESS (If rural, give location) 2216 East 21st Street 3328					
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) H c. (Last) Thomas			4. DATE OF DEATH (Month) (Day) (Year) 12 19 1953						
5. SEX Male 2		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH August-11-1880 73			
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work) Elevator operator		10b. KIND OF BUSINESS OR INDUSTRY Klines Store		11. BIRTHPLACE (City, State or Foreign Country) Russellsville, Ark. /		12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME Charles Thomas Sr			13b. MOTHER'S MAIDEN NAME Martha Edwards		14. NAME OF HUSBAND OR WIFE Inez Jane Thomas				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) No		16. SOCIAL SECURITY NO. 499-16-9210		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Inez Thomas 2216 E. 21 St					
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar pneumonia				ANTECEDENT CAUSES					
Morbid 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				4901 ^H	
Conditions contributing to the death but not related to the disease or condition causing death.				Carcinoma of prostate.					
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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>12-11-53</u> , 19 <u> </u> , to <u>12-19-53</u> , 19 <u> </u> , that I last saw the deceased alive on <u>12-19-53</u> , 19 <u> </u> , and that death occurred at <u>5:35 a</u> m., from the causes and on the date stated above.									
23a. SIGNATURE E. Frank Ellis MD				23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 12-21-53			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Dec. 23, 1953		24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.			
DATE REC'D BY LOCAL REG. 12-22-53		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Manlove-Williams		ADDRESS 1929 Lydia			

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. 2710

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.