

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18077

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5130 Registrar's No. 674

1. PLACE OF DEATH a. COUNTY <b>BUCHANAN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MICHIGAN</b> b. COUNTY <b>WYANDOTTE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>NEAR RUSVILLE MO ON 59 HIGHWAY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY KANSAS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ON HIGHWAY NO 59 RUSHVILLE</b>		d. STREET ADDRESS (If rural, give location) <b>316 NO 13TH STREET</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>THOMAS</b>	b. (Middle) <b>LILLIS</b>	c. (Last) <b>AARON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 25 1954</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>DEC 26 1904</b>	9. AGE (In years last birthday) <b>49</b>	IF UNDER 1 YEAR Months <b>5</b>	IF UNDER 1 DAY Days <b>29</b>	IF UNDER 24 HRS. Hours <b>Min.</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALESMAN SELLING AUTO PARTS</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>SALESMAN SELLING AUTO PARTS</b>	11. BIRTHPLACE (State or foreign country) <b>LANSING KANSAS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>FRANK AARON</b>	13b. MOTHER'S MAIDEN NAME <b>ELIZABETH LOXTERMAN</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lawrence M. Aaron, Kansas City, Mo.</b>	ADDRESS <b>Lawrence M. Aaron, Kansas City, Mo.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Crushing injuries to chest,</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last. <b>Due to (b) Total internal hemorrhage 1 day,</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Compound fracture right leg right hand, face, and chin lacerated</b>		<b>EB 161</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>man fatally injured in an automobile-truck head on collision, USH # 59</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <b>On Highway 59, Rushville (Rural) Buchanan, Mo.</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>316 No 13th St, Wyandotte, Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>June 25-1954 4:45 P</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Auto and Truck Collided</b>
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22. I hereby certify that I examined the deceased from **on 6/25, 1954** to **on 6/25, 1954**, that I last saw the deceased alive on **19**, and that death occurred at **4:45 P.M.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <b>H. F. Mundy (Coroner) M.D.</b>	23b. ADDRESS <b>St. Joseph, Mo</b>	23c. DATE SIGNED <b>6/25/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>6-26-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Butler mortuary</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Kan.</b>
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DATE REC'D BY LOCAL REG. <b>June 28, 1954</b>	REGISTRAR'S SIGNATURE <b>Kathleen M. Allison</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Stanton Mortuary</b>	ADDRESS <b>Stanton Mortuary, Kansas</b>
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WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

JUL 8 1951

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Wm S. Stanley Jr

Signed.....  
Student Embalmer

Licensed Embalmer No. 3778

P. O. Address Albion

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.