

FILED SEP 20 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **29901**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **982**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <b>St. Joseph</b> )		c. LENGTH OF STAY (In this place) <b>60 Yrs</b>	c. CITY OR TOWN <b>St. Joseph</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>725 South 21st. St.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) <b>Joseph</b>		a. (First) <b>Thomas</b>	b. (Middle)
		c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 10, 1954</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 24, 1874</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. (3) Custodian</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Church</b>	9. AGE (In years last birthday) <b>79</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Poland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Not Known</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Not Known</b>	14. NAME OF HUSBAND OR WIFE <b>Anna Thomas</b>
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>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Anna Thomas 725 So. 21st City</b>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis General</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Primary Adenocarcinoma of Prostate</b>  DUE TO (c) <b>Arteriosclerosis General grade III</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>177X</b>	
19a. DATE OF OPERATION <b>Approx 1950</b>		19b. MAJOR FINDINGS OF OPERATION <b>Adenocarcinoma of prostate Trans-urethral Section</b>	
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)		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 <b>9-10, 1951</b> , to <b>9-10, 1954</b> , that I last saw the deceased alive on <b>9-7, 1954</b> and that death occurred at <b>10:30 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>[Signature]</b>		23b. ADDRESS <b>316 W. 10th City</b>	
23c. DATE SIGNED <b>9-10-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept. 13, 54</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Sept 13, 1954</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>	
5. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>		ADDRESS <b>1802 Union St</b>	

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..... *Robert G. Gable*

Licensed Embalmer No... 3308

P. O. Address St. Joseph,

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.