

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30867**
Registrar's No. **3915**

FILED SEP 24 1954

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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) 30 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 St. Luke's Hospital		* STREET ADDRESS (If rural, give location) 3214 Harrison	

3. NAME OF DECEASED (Type or Print) a. (First) SALLIE	b. (Middle) GLADYS	c. (Last) THOMAS	4. DATE OF DEATH (Month) (Day) (Year) 8 11 1954
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-27-1900
9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done for most of last year, even if retired) Accountant	10b. KIND OF BUSINESS OR INDUSTRY Investment	11. BIRTHPLACE (City and State or Foreign Country) Montevallo, Mo. 0	12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Joseph A. Campbell	13b. MOTHER'S MAIDEN NAME Annie Maxwell	14. NAME OF HUSBAND OR WIFE Clyde O. Thomas
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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) No	16. SOCIAL SECURITY NO. 487-05-2165	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Clyde O. Thomas, 3214 Harrison
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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) Rupture, aneurism of carotid		INTERVAL BETWEEN ONSET AND DEATH 45-2 X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aneurism, of carotid artery		
	DUE TO (c) Congenital Aneurysm		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? () YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **4/21/54** to **8/11/54**, that I last saw the deceased alive on **8/11/54**, 19**54**, and that death occurred at **12:30 p.** m., from the causes and on the date stated above.

22. SIGNATURE James A. Jarvis, M.D.	23b. ADDRESS Kansas City, Mo	23c. DATE SIGNED 8/12/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-13-54	24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah	24d. LOCATION (City, town, or county) (State) Kansas City Mo.
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DATE REC'D BY LOCAL REG. 8-12-54	REGISTRAR'S SIGNATURE Seraldine Smith	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wagner Funeral Home K C Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

JE 2020

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 *Alvin R. Haunschild*.....

Licensed Embalmer No. *415*.....

P. O. Address *K. E. T*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fails 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.