

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33142

FILED OCT 18 1954

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1071

1. PLACE OF DEATH  
a. COUNTY Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Mo. b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township)  
St. Joseph

c. LENGTH OF STAY (in this place)  
6 yr, 11 mo

c. CITY OR TOWN Independence

d. Is Residence within limits of a city or incorporated town?  
Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION  
State Hospital #2

e. STREET ADDRESS (If rural, give location)  
County Home 7 east

3. NAME OF DECEASED  
a. (First) Ray b. (Middle) \_\_\_\_\_ c. (Last) Thames

4. DATE OF DEATH (Month) (Day) (Year)  
10 5 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Not given

8. DATE OF BIRTH  
Not given

9. AGE (in years last birthday) Months Days Hours Min.  
Abt. 71

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Nil

10b. KIND OF BUSINESS OR INDUSTRY  
Not given

11. BIRTHPLACE (City and State or Foreign Country)  
? Not given

12. CITIZEN OF WHAT COUNTRY?  
America

13a. FATHER'S NAME  
Not given

13b. MOTHER'S MAIDEN NAME  
Not given

14. NAME OF HUSBAND OR WIFE  
Not given

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.  
Not given

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Clark Johnson, Deputy K.C., Mo.

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) Myocarditis  
INTERVAL BETWEEN ONSET AND DEATH  
Chronic  
  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Arteriosclerosis  
10 yrs +  
DUE TO (c) \_\_\_\_\_  
  
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  
4221

20. AUTOPSY?  
YES  NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK?  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-5, 19 54, to 10-5, 19 54, that I last saw the deceased alive on 10-5, 19 54, and that death occurred at 7:20P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
B. E. Cassine M.D.

23b. ADDRESS  
State Hospital No. 2 City

23c. DATE SIGNED  
10-6-1954

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE  
10-6-1954

24c. NAME OF CEMETERY OR CREMATORY  
Kirksville College, Kirksville, Mo.

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.  
Oct 11, 1954

REGISTRAR'S SIGNATURE  
Ethel M. Allison 485

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 *Albin C. Bazar*.....

Licensed Embalmer No. *479*.....

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.