

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40835
5630

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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) KANSAS CITY		c. LENGTH OF STAY (In this place) 37 YEARS	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: RESEARCH HOSPITAL					
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS			b. (Middle) W.		c. (Last) BURROWS
5. SEX ♂			6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED
8. DATE OF BIRTH MARCH 29-1885			9. AGE (In years last birthday) 69		10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CASHER-RECREATION DEPT.			10b. KIND OF BUSINESS OR INDUSTRY DIXON HOTEL		11. BIRTHPLACE (City and State or Foreign Country) LINDSAY NEBRASKA
13a. FATHER'S NAME SIMON BURROWS			13b. MOTHER'S MAIDEN NAME REBECCA THOMAZIN		14. NAME OF HUSBAND OR WIFE U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 486-10-5202		17. INFORMANT'S SIGNATURE OR NAME W.S. BURROWS
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) HEPATIC FAILURE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) METASTATIC CARCINOMA DUE TO (c) CARCINOMA PROSTATE GLAND II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 177X		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? pathologist	

22. I hereby certify that I attended the deceased ~~from~~ **at Autopsy**, ~~on~~ **12-8-54**, that I last saw the deceased ~~also on~~ _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **John E. Johnson M.D.** (Degree or title) 23b. ADDRESS **Research Hospital** 23c. DATE SIGNED **12-6-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **DEC-8-1954** 24c. NAME OF CEMETERY OR CREMATORY **FOREST HILL CEMETERY** 24d. LOCATION (City, town, or county) (State) **KANSAS CITY MISSOURI**

DATE REC'D BY LOCAL REG. **12-8-54** REGISTRAR'S SIGNATURE **Neva Marshall** 25. FUNERAL DIRECTOR'S SIGNATURE **W.W. Newcomer Sons** ADDRESS **1331 BAUSH CREEK KANSAS CITY, MO.**

WRITE PLAINLY—USING UNFAADING 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 *John B. Lewis*.....

Licensed Embalmer No. *4875*.....

P. O. Address *KC 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.