

FILED FEB 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1308

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 284

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas		b. COUNTY Shawnee	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 19 days		c. CITY OR TOWN Topeka	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		STREET ADDRESS 2540 Valley Brook Lane		8 1.50 8	

3. NAME OF DECEASED (Type or Print)		a. (First) Opal		b. (Middle) D.		c. (Last) Thomas		4. DATE OF DEATH (Month) (Day) (Year) January 21, 1955	
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5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Feb. 1905		9. AGE (In years last birthday) 49		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours		Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Soldier, Kansas		12. COUNTRY OF WHAT COUNTRY? U. S.	
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13a. FATHER'S NAME Elmer Johnson		13b. MOTHER'S MAIDEN NAME Hulda Dove		14. NAME OF HUSBAND OR WIFE Lester L. 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. --		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lester L. Thomas Topeka, Kans.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION - DIRECTLY LEADING TO DEATH* (a) Acute Viral Myocarditis		DUE TO (b) Pulmonary Embolism				2-3 days	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Thrombophlebitis rt. Leg					
II. OTHER SIGNIFICANT CONDITIONS		Fracture rt. Leg				431 X	
Information added from Supplement							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Kroeger Store		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson, Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12 9 54 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? fell on escalator	

22. I hereby certify that I attended the deceased from 1-20, 1955, to 1-20, 1955, that I last saw the deceased alive on 1-20, 1955, and that death occurred at 9 a.m., from the causes and on the date stated above.

23a. SIGNATURE V.B. Ballard (Degree or title) M.D.		23b. ADDRESS 411 Nichols Rd. Kansas City, Mo.		23c. DATE SIGNED 2-2-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-31-1955		24c. NAME OF CEMETERY OR CREMATORY --		24d. LOCATION (City, town, or county) (State) Topeka, Kans.	
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DATE REC'D BY LOCAL REG. 1-21-55		REGISTRAR'S SIGNATURE news minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. C. I. Forster Kansas City, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

0969

APR 6 1962

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.....

Licensed Embalmer No.....

P. O. Address.....

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.