

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**26524**

State File No. \_\_\_\_\_

No. 300  
10-48

**FILED SEP 7 1955**  
BIRTH NO. \_\_\_\_\_

REG. DIST. NO. 149

PRIMARY REG. DIST. NO. 1001

Registrar's No. 3552

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>48 yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Queen of the World Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>3104 E. 23rd. Street</u> <u>31380</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Allean</u> b. (Middle) <u>-----</u> c. (Last) <u>Thomas</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>August 11, 1955</u>	
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>Negro</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>10-19-1885</u>
<b>9. AGE</b> (In years last birthday) <u>69</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>None</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Louisiana</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>None</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>None</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>America</u>
<b>13a. FATHER'S NAME</b> <u>Unknown</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Albert Thomas</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no.</u>	<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Albert Thomas, Husband</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*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>		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Generalized arteriosclerosis</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) <u>Pulmonary congestion and edema</u>  DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> <u>Encephalomalacia</u> <u>Cardiac hypertrophy</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>None</u>	
<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>21. INTERVAL BETWEEN ONSET AND DEATH</b>	
<b>21a. ACCIDENT, SUICIDE, HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from</b> <u>8-11-55</u> , <b>to</b> <u>8-11-55</u> <b>that I last saw the deceased alive on</b> <u>8-11-55</u> , <b>19</b> _____, <b>and that death occurred at</b> <u>3:55 Pm.</u> , <b>from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <u>Royall B. Fleming, M.D.</u>		<b>23b. ADDRESS</b> <u>Kansas City, Mo.</u>	<b>23c. DATE SIGNED</b> <u>8/12/55</u>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Buried</u>	<b>24b. DATE</b> <u>13 August 1955</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Lincoln</u>	<b>24d. LOCATION (City, town, or county) (State)</b> <u>K. C. Mo.</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>8-12-55</u>	<b>REGISTRAR'S SIGNATURE</b> <u>neva mitchell</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Hatkins Brothers</u> <b>ADDRESS</b> <u>18th &amp; Benton</u>	

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 *Bruce R. Statkins*

Licensed Embalmer No. *450*

P. O. Address *18th Bd*

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.