

FILED SEP 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File **29857**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3976</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (In this place) 1900		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
a. STATE Missouri		b. COUNTY Jackson		c. CITY OR TOWN Kansas City		STREET ADDRESS (If rural, give location) 4242 Forest	
d. FULL NAME OF HOSPITAL OR INSTITUTION Long Nursing Home 1441 Indp.				3649			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) AGNES	b. (Middle) JANE	c. (Last) THOMAS	(Month) 9	(Day) 10	(Year) 55		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-30-1868		9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 9 Days 16	IF UNDER 24 HRS. Hours 10 Min. 55
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Unionville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ples Jarman		13b. MOTHER'S MAIDEN NAME Martha Mayes		14. NAME OF HUSBAND OR WIFE Sullivan Thomas			
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. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sullivan Thomas 4242 Forest			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis				37 years	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerosis		2 years	
		DUE TO (c)				4500	
		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"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7-1-55 , 19 <u>55</u> , to 9-10-55 , 19 <u>55</u> , that I last saw the deceased alive on 9-10-55 , 19 <u>55</u> , and that death occurred at 5 AM , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) D Frank Paul Lauritzen				23b. ADDRESS 428 South White Ave		23c. DATE SIGNED 9-10-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/12/55	24c. NAME OF CEMETERY OR CREMATORY Forest Hill		24d. LOCATION (City, town, or county) (State) Kansas City Missouri		
DATE REC'D BY LOCAL REG. 9-10-55		REGISTRAR'S SIGNATURE Melva Minibell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Bylar 1800 E Linwood			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Frank Paul Lauritzen

(Licensed Embalmer's Statement on Reverse Side)

M. Tammyana

will call when in
neighborhood

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 *Melvin Barton*

Licensed Embalmer No. *49*

P. O. Address *KC7*

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.