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FILED MAR 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4941

State File No. _____

4 741

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 KANSAS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 11 Days	c. CITY OR TOWN OSAWATOMIE
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		• STREET ADDRESS (If rural, give location) 1st Street	

3. NAME OF DECEASED (Type or Print)	a. (First) THOMAS	b. (Middle) ROSS	c. (Last) McCLOUD	4. DATE OF DEATH (Month) (Day) (Year) FEB. 15, 1956
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 10/24/1890	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Boilermaker	10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. R.R.	11. BIRTHPLACE (City and State or Foreign Country) Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME not known	13b. MOTHER'S MAIDEN NAME not known	14. NAME OF HUSBAND OR WIFE Queen McCloud
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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) unknown	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME Queen McCloud (wife)	ADDRESS Osawatomie, Ks.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 11 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Cerebral Infarction		
	ANTECEDENT CAUSES Thrombosis of right carotid artery DUE TO (b) <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> Cerebral Arteriosclerosis DUE TO (c)		not known
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Hypertensive Heart Disease		3327	ten years

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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from Feb. 4, 1956, to Feb. 15, 1956, that I last saw the deceased alive on Feb. 15, 1956, and that death occurred at 6:05 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>J.E. Castles</i>	J. E. Castles (Degree or title) MD	23b. ADDRESS Argyle Bldg. K.C.Mo.	23c. DATE SIGNED 2/17/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 2/16/56	24c. NAME OF CEMETERY OR CREMATORY Osawatomie Cemetery	24d. LOCATION (City, town, or county) (State) Osawatomie, Ks.
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DATE REC'D BY LOCAL REG. 2-18-56	REGISTRAR'S SIGNATURE <i>Neva Minshall</i>	25. FUNERAL DIRECTOR'S SIGNATURE JOS. A. BUTLER'S SONS	ADDRESS K.C.K
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 12 1950

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.....
Loss Bee

Licensed Embalmer No. 342

P. O. Address K.C. K

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.