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FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8149

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>305</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Atchison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) OR TOWN <u>Atchison</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Atchison</u>		d. STREET (If rural, give location) OR ADDRESS <u>32 of Parallel St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1611 North 11th St. Nursing Home</u>				d. STREET (If rural, give location) OR ADDRESS <u>32 of Parallel St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u>			b. (Middle) <u>OSCAR</u>			c. (Last) <u>MICHAEL</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 15 1956</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>May 12, 1859</u>		9. AGE (In years last birthday) <u>96</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Beakley Springs, Virginia</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>William Michael</u>			
13b. MOTHER'S MAIDEN NAME <u>Edna May</u>				14. NAME OF HUSBAND OR WIFE <u>not given</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lois Reddick</u>			
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) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senility</u> 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 <u>331x</u>				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 <u>3/1</u> , 19 <u>56</u> , to <u>3/15</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3/15</u> , 19 <u>56</u> , and that death occurred at <u>3:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. M. Keenan MD</u>				23b. ADDRESS <u>423 Main St</u>		23c. DATE SIGNED <u>3/17/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Mar. 15, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Atchison, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>Mar 20, 1956</u>		REGISTRAR'S SIGNATURE <u>Catharine M. Allison</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>J. M. Byer</u>		
					ADDRESS <u>Atchison, Kan.</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 .....  
Student Embalmer

Signed J. W. Syer

Licensed Embalmer No. 4320

P. O. Address St. Louis, 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 this body is not embalmed, fact should be so stated above.