

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20752

FILED JUL 5 1956

Registrar's No. 2630

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2630</u>				
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (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) <u>Kansas City</u>			c. LENGTH OF STAY (In this place) <u>40 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5635 Chestnut</u>				e. STREET ADDRESS (If rural, give location) <u>5635 Chestnut</u>				3790		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>			b. (Middle) <u>M.</u>		c. (Last) <u>Thomas</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 12, 1956</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 14, 1908</u>		9. AGE (In years) (If under 1 year: Months) (If under 12 mos: Days) (Hours) (Min.) <u>48</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Millwright</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Bendix Aviation</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Florence, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>George Thomas</u>			13b. MOTHER'S MAIDEN NAME <u>Hattie Clark</u>			14. NAME OF HUSBAND OR WIFE <u>Lula Mae Thomas</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>346-03-3127</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lula Mae Thomas, 5635 Chestnut</u>					ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</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>Coronary sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 mos</u>  <u>4201</u>		
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) (Min.)		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>Dec</u> , 19 <u>55</u> , to <u>6-12</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>6-12</u> , 19 <u>56</u> , and that death occurred at <u>9:25</u> p. m., from the causes and on the date stated above.										
23a. SIGNATURE <u>E. L. Patry</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>701 E 63rd St K.C. Mo</u>			23c. DATE SIGNED <u>6-13-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-15-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>		24d. LOCATION (City, town; or county) (State) <u>Kansas City, Missouri.</u>				
DATE REC'D BY LOCAL REG. <u>6-14-56</u>		REGISTRAR'S SIGNATURE <u>Henry Marshall</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Gates Funeral Home, K.C. Kan.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. E.L. Petry  
701 East 63  
Hi-4-0

**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.....  
*Joseph M. McCarthy*

Licensed Embalmer No. *H. 6. 94*

P. O. Address.....  
*H. C. M.*

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.