

FILED DEC 7-1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37998

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4990

| | | | |
|--|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE MO b. COUNTY CLAY | |
| b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY | | c. CITY OR TOWN KANSAS CITY, N. | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place township) 44 YRS | | e. STREET ADDRESS (If rural, give location) 4501 E 46th TERR 501 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION TRINITY LUTHERAN | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) P. E. c. (Last) Fields | | 4. DATE OF DEATH (Month) (Day) (Year) Nov 17 1956 | |
| 5. SEX MALE | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH APR 11, 1884 |
| 9. AGE (In years last birthday) 72 | | 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) CAR MAN BURLINGTON RR | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) KNOXVILLE, MO |
| 12. CITIZEN OF WHAT COUNTRY? U.S.-A. | | 13a. FATHER'S NAME Jerimiah Fields | |
| 13b. MOTHER'S MAIDEN NAME Elizabeth McKnight | | 14. NAME OF HUSBAND OR WIFE OLGA FIELDS | |
| 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. 707-05-8186 | |
| 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. OLGA FIELDS R.C. 16 MO | | | |
| 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) Congestive heart failure | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) Arteriosclerotic aortic stenosis | |
| DUE TO (c) H21.1 | | INTERVAL BETWEEN ONSET AND DEATH 6 months | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uremia - arteriosclerosis | | 4 years | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 1955 , to 11/19 , 19 56 , that I last saw the deceased alive on 11/17 , 19 56 , and that death occurred at 10:05 AM , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) G. Comer Bates, M.D. | | 23b. ADDRESS 329 Armour Road North Kansas City 16 Mo | |
| 23c. DATE SIGNED 11/17/56 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE 11/19/56 | |
| 24c. NAME OF CEMETERY OR CREMATORY White Chapel | | 24d. LOCATION (City, town, or county) (State) Clay Co Mo | |
| DATE REC'D BY LOCAL REG. 11-19-56 | | REGISTRAR'S SIGNATURE Neva Minshall | |
| 25. FUNERAL DIRECTOR'S SIGNATURE N.W. Newcomin | | ADDRESS Law R.C. Mo. | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
G. Comer Bates

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... *Glenn H. Hill*

Licensed Embalmer No. *4586*

P. O. Address *K.C. 16, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.