

FILED APR 8 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11739
State File No.

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 30721 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY OR TOWN <u>MARSHALL, MO</u>		c. CITY OR TOWN <u>Sweet Springs</u>	
c. LENGTH OF STAY (in this place) <u>5 days</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fitzgibbons Hospital</u>		STREET ADDRESS (If rural, give location) <u>6 miles N.E. of Sweet Springs, MO</u>	
3. NAME OF DECEASED (Type or Print) <u>Kirby Thomas</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 2, 1957</u>	
5. SEX <u>Male</u>		6. COLOR OF RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>July 26, 1972</u>	
9. AGE (In years last birthday) <u>84</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Sweet Springs, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>T. M. Thomas</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Harmon Ollie Thomas</u>	
14. NAME OF HUSBAND OR WIFE <u>MARVIN Thomas, Marshall, MO</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MARVIN Thomas, Marshall, MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Prostate & Metast.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS <u>Uremia,</u>	
20. ANTECEDENT CAUSES		21. DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
22. DUE TO (a) _____		23. DUE TO (b) _____	
24. DUE TO (c) _____		25. DUE TO (d) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>177X</u>	
20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		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>Oct 1956</u> , to <u>Apr 1957</u> , that I last saw the deceased alive on <u>Apr 2, 1957</u> , and that death occurred at <u>6:15 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>D. F. Knipmehl</u> (Degree or title)		23b. ADDRESS <u>Marshall MO</u>	
23c. DATE SIGNED <u>4/3</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>April 4, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Memorial</u>	
24d. LOCATION (City, town, or county) (State) <u>MARSHALL, MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar L. Massey</u> ADDRESS <u>Sweet Springs, MO</u>	
DATE REC'D BY LOCAL REG. <u>Apr 4-57</u>		REGISTRAR'S SIGNATURE <u>Carl G. Reed</u>	

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

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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.....

Edgar L. Morely

Licensed Embalmer No. *4711*

P. O. Address *Sweet Springs,*

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.