FILED AUG 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 24862

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3089

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's — Length of stay in 1b: 4 wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Caldwell
c. CITY OR TOWN Braymer — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS R.F.D. (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First SAM; Middle; Last THOMAS

4. DATE OF DEATH Month 7 Day 2 Year 57

5. SEX Ma

6. COLOR OR RACE Wh

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH 2-16-1875

9. AGE (In years last birthday) 82 — 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) Ret. Stockman & Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (City and state or country) Caldwell County, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME A. J. Thomas

14. MOTHER'S MAIDEN NAME Mary Jane Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) xx

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs. Francis Loomis, Braymer, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma liver — INTERVAL BETWEEN ONSET AND DEATH: 3 mo?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma stomach — 2 yr.
DUE TO (c) — 151 X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Senile Senesis

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8-3-55 to 7-2-57 and last saw ~~her~~ him alive on 7-2-57
Death occurred at 11:50 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James A. Jarvis (Degree or title) M.D.

22b. ADDRESS 4620 J.C.Nichols Parkway

22c. DATE SIGNED 7/3/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 7-4-57

23c. NAME OF CEMETERY OR CREMATORY Evergreen

23d. LOCATION (City, town, or county) Braymer, (State) Mo.

24. FUNERAL DIRECTOR Wagner Funeral Home, KC Mo — ADDRESS

25. DATE RECD. BY LOCAL REG. 7-3-57

26. REGISTRAR'S SIGNATURE Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

James A. Jarvis

#620 J 6 Nichols Road
JE 1-2020
6:00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Alvin R. Haunschild

Licensed Embalmer No. 41

P. O. Address K. C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.