

pt. Health,  
& Welfare  
& Public  
Health Service

FILED JAN 2 1958

STANDARD CERTIFICATE OF DEATH

STATE NUMBER **44701**  
REGISTRAR'S NO. **559**

Registration District No. **146** Primary Registration District No. **3026**

S. 300  
ev. 1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY OR TOWN <b>Independence</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Independence</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1921 S. Hedges</b> Length of stay in lb <b>33 years</b>		d. STREET ADDRESS (If outside, give location) <b>1924 S. Hedges</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>Mary Catherine Thomas</b>			4. DATE OF DEATH Month Day Year <b>12-21-57</b>			
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 29, 1870</b>	9. AGE (In years less birthday) <b>87</b>	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) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>		11. BIRTHPLACE (City and state or country) <b>Buchanan Co., Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Jesse Baker</b>		13b. MOTHER'S MAIDEN NAME <b>Charity V. Cochrane</b>		14. NAME OF HUSBAND OR WIFE <b>John W. Thomas</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Alma Thomas, 1921 S. Hedges</b> Address <b>Ind. Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute mesenteric thrombosis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>coronary sclerosis with auricular fibrillation</b>			
DUE TO (c) <b>generalized arterio-sclerosis</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <b>benile changes</b>			19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <b>12/15/57</b> to <b>12/21/57</b> and last saw her <sup>her</sup> <sub>him</sub> alive on <b>12/20/57</b>	
Death occurred at <b>2:25 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE (Degree or title) <b>Jed W. Kirk, M.D.</b>	22b. ADDRESS <b>10229 Independence Av. K.C., Mo</b>	22c. DATE SIGNED <b>12-21-57</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>12-22-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Joseph, Mo</b>	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR <b>Heaton Bowman, St. Joseph, Mo</b> ADDRESS	25. DATE RECD. BY LOCAL REG. <b>12-22-57</b>	26. REGISTRAR'S SIGNATURE <b>J. General</b>
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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(Licensed Embalmer's Statement on Reverse Side)

DEC 29 1957

**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 *John P. Bidmon*  
Licensed Embalmer No. *45-31*  
P. O. Address *Kansas City, 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.**