

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010349

STATE FILE NUMBER

FILED MAR 31 1958

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 64

Health,
Welfare
Public
Service

300
-57
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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> <u>7600</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Prairie View</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Lee's Summit</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lee's Summit, Mo.</u> <u>R#1 50 N.W. Hwy</u>		Length of stay in 1b <u>2 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>R.F.D. #1 mt #50 Hwy</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>THOMAS</u> Middle <u>H.</u> Last <u>PLACE</u>			4. DATE OF DEATH Month <u>3</u> Day <u>15</u> Year <u>1958</u>	
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 4, 1912</u>	9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Waters Products</u>	11. BIRTHPLACE (City and state or country) <u>Gallatin, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Walter H. Place</u>	13b. MOTHER'S MAIDEN NAME <u>Ethel Ridgton</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie Place</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs. Minnie Place - Lee's Summit, Mo.</u> Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute circulatory failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <u>coronary occlusion</u> DUE TO (c) <u>atherosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 min.</u> <u>5 min.</u> <u>5 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) <u>none</u>
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.) <u>Lee's Summit - Rural Jackson Co.</u>	20f. CITY, TOWN, OR LOCATION <u>Lee's Summit - Rural Jackson Co.</u>	COUNTY <u>Jackson</u>	STATE <u>Mo.</u>
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21. I attended the deceased from December '57, to March '58 and last saw him alive on 3/15/58
Death occurred at 12:10 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>W. Brumfield Stanley</u> (Degree or title) <u>Dr.</u>	22b. ADDRESS <u>Pleasant Hill, Mo.</u>	22c. DATE SIGNED <u>3/15/58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>3/16/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>McCray Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Gallatin, Mo.</u>
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24. FUNERAL DIRECTOR <u>Brumfield Stanley</u> ADDRESS <u>Pleasant Hill, Mo.</u>	25. DATE REC'D BY LOCAL REG. <u>3/15/58</u>	26. REGISTRAR'S SIGNATURE <u>W. B. Longford</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only statements related to death. All diseases in Part I must be causally related.

APR 7
1958

MAR 26 1958

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 *Raymond D. Stanley*

Licensed Embalmer No. *5008*

P. O. Address *Pleasant Hill*

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.