

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010352

STATE FILE NUMBER

FILED MAR 31 1958

Registration District No. 150 Primary Registration District No. 5372 Registrar's No. 61

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) Rural Prairie		a. STATE Mo		b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Prairie		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL INSTITUTION Jackson Co. Hosp		Length of stay in lb 3 days		d. STREET ADDRESS 420 95. Benton		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Amadore Thomas				4. DATE OF DEATH Month Day Year Mar 9-1958			
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 26-1882	
9. AGE (In years last birthday) 75		10. KIND OF BUSINESS OR INDUSTRY Decorator		11. BIRTHPLACE (City and state or country) Rayville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Enteral Decorator				13. FATHER'S NAME James E. Thomas			
13. FATHER'S NAME James E. Thomas				14. MOTHER'S MAIDEN NAME Hemenyetta Bryan			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no, or unknown) (If yes, give war or dates of service) Unknown				16. SOCIAL SECURITY NO. none		17. INFORMANT Address Carl Thomas 420 9 South Benton	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONIA. BACTERIAL INFECTION ANTENNA SCLEROTIC HEART DISEASE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)							INTERVAL BETWEEN ONSET AND DEATH 4200
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.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			20d. INJURY OCCURRED WHILE AT WORK <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		
21. I attended the deceased from 3-6-58 to 3-9-58 and last saw him alive on 3-8-58 Death occurred at 3:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) David W. Workman, M.D.				22b. ADDRESS Jackson county Mo		22c. DATE SIGNED 3-11-58	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE Mar 11-1958		23c. NAME OF CEMETERY OR CREMATOR Todd Coffey Cemetery		23d. LOCATION (City, town, or county) (State) Richmond, Mo	
24. FUNERAL DIRECTOR Newcomer Funeral Home, Kansas City			25. DATE RECD. BY LOCAL REG. 3-11-1958		26. REGISTRAR'S SIGNATURE J. B. Langford		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service, 7008, 300, 56, Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with or without diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

MAR 23 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 *Edward M. Stary*.....

Licensed Embalmer No. *44*

P. O. Address *Kansas*

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.