

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025821

STATE FILE NUMBER

3429

FILED AUG 8 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3429

300
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY CLAY	
b. CITY (If outside corporate limits, give township only) OR TOWN Mo. Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Gladstone Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran 3 days		d. STREET ADDRESS (If outside, give location) 7513 No. Troost Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last MARY M. THOMAS			4. DATE OF DEATH July 13-58
5. SEX F	6. COLOR OR RACE W.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-16-1919
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -	9. AGE (In years last birthday) 39 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
11. BIRTHPLACE (City and state or country) BARNSDALL OKLA		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Hugh R. Little		13b. MOTHER'S MAIDEN NAME Bessie M. Carter	
14. NAME OF HUSBAND OR WIFE Henry J. Thomas		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. 444-16-1277		17. INFORMANT Henry J. Thomas of the Home Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Contusion with Hemorrhage DUE TO (b) Fall down back stairs of home DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) INTERVAL BETWEEN ONSET AND DEATH 3 days 9 AM '58			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Fall down back stairs of home	
20c. TIME OF INJURY 7:00 p.m. 7-11-58		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Gladstone COUNTY CLAY STATE MO	
21. I attended the deceased from 7-11-58 to 7-13-58 and last saw her alive on 7-13-58 Death occurred at 11:48 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Weldon L. Sportman (Degree or title) MD		22b. ADDRESS Gladstone Mo	
22c. DATE SIGNED 7-14-58		23a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal	
23b. DATE July 15-58		23c. NAME OF CEMETERY OR CREMATORY Ethel Reese Cem.	
23d. LOCATION (City, town, or county) BARNSDALL OKLA (State)		24. FUNERAL DIRECTOR D.W. Newcome & Sons. ADDRESS N.K.P. MO.	
25. DATE RECD. BY LOCAL REG. 7-14-58		26. REGISTRAR'S SIGNATURE neva menahall	

(Licensed Embalmer's Statement on Reverse Side)

Weldon L. Sportman
MEDICAL CERTIFICATION
ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

VS MAY 22 1959

MS

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 Kalsbeck* Licensed Embalmer No. *4949*

P. O. Address *No. Kansas Ci*

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.