

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025822  
STATE FILE NUMBER

S. 300  
1-57

FILED JUL 17 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3124

|                                                                                                                                                                                                                                                                                                                                               |                                  |                                                                                                                                                             |                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>                                                                                                                                                                                                                                                                                                 |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>                  |                                                                                      |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Kansas City</b>                                                                                                                                                                                                                                                    |                                  | c. CITY OR TOWN <b>Kansas City</b>                                                                                                                          |                                                                                      |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>                                                                                                                                                                                                                                     |                                  | d. STREET ADDRESS (If outside, give location)<br><b>4600 J. C. Nichols Parkway</b>                                                                          |                                                                                      |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Miss Helen</b> Middle <b>Thomes</b> Last <b>Thomes</b>                                                                                                                                                                                                                                     |                                  | 4. DATE OF DEATH<br>Month <b>June</b> Day <b>21</b> Year <b>1958</b>                                                                                        |                                                                                      |
| 5. SEX<br><b>Female</b>                                                                                                                                                                                                                                                                                                                       | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Sept. 26, 1884</b>                                            |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Conducted Dance Studio.</b>                                                                                                                                                                                                                 |                                  | 10b. KIND OF BUSINESS OR INDUSTRY                                                                                                                           | 11. BIRTHPLACE (City and state or country)<br><b>Kansas City, Missouri</b>           |
| 13a. FATHER'S NAME<br><b>John E. Thomes</b>                                                                                                                                                                                                                                                                                                   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Fannie Seibert</b>                                                                                                          | 14. NAME OF HUSBAND OR WIFE<br><b>--</b>                                             |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                                                                                                                                                                                                     |                                  | 16. SOCIAL SECURITY NO.<br><b>None</b>                                                                                                                      | 17. INFORMANT<br><b>Mrs Beatrice Cochran 4600 Nichols Pkway</b>                      |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Intestinal obstruction</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Generalized carcinomatosis</b><br>DUE TO (c) <b>Ca of ovary</b> |                                  |                                                                                                                                                             | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 days</b><br><b>30 days</b><br><b>Indef.</b> |
| 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<br>Hour <input type="checkbox"/> Month, Day, Year<br>a.m. <input type="checkbox"/> 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<br><b>Kansas City, Missouri</b>                                                                                                |                                                                                      |
| 21. I attended the deceased from <b>5-20-'58</b> to <b>6-21-'58</b> and last saw her alive on <b>6-21-'58</b><br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.                                                                                                                 |                                  |                                                                                                                                                             |                                                                                      |
| 22a. SIGNATURE<br><b>Eugene O. Parsons, M.D.</b>                                                                                                                                                                                                                                                                                              |                                  | 22b. ADDRESS<br><b>315 Nichols Rd</b>                                                                                                                       |                                                                                      |
| 22c. DATE SIGNED<br><b>6-24-'58</b>                                                                                                                                                                                                                                                                                                           |                                  | 22d. CITY, TOWN, OR LOCATION (State)<br><b>Kansas City, Missouri</b>                                                                                        |                                                                                      |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Cremation</b>                                                                                                                                                                                                                                                                                 |                                  | 23b. DATE<br><b>June 24, 1958</b>                                                                                                                           |                                                                                      |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>D. W. Newcomer's</b>                                                                                                                                                                                                                                                                                 |                                  | 23d. CITY, TOWN, OR LOCATION (State)<br><b>Kansas City, Missouri</b>                                                                                        |                                                                                      |
| 24. FUNERAL DIRECTOR<br><b>Stine &amp; McClure Und. Co., K. C., Mo</b>                                                                                                                                                                                                                                                                        |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>6-24-58</b>                                                                                                              |                                                                                      |
| 26. REGISTRAR'S SIGNATURE<br><b>Neva Whiskell</b>                                                                                                                                                                                                                                                                                             |                                  |                                                                                                                                                             |                                                                                      |

All diseases in Part I must be causally related. Secretary-Coroner, enter must-use only standard nomenclature in item 18. No symptoms will be listed.

Eugene O. Parsons USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION



801-5150  
Dr. Jackson 12:30  
1121-9999

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 *William M. Turner*

Licensed Embalmer No. *4648*  
*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.