

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

58-025827  
 State File No. ....

FILED JUL 25 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3249

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>7 yrs</u>	c. CITY OR TOWN <u>Kansas City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Little Sisters of The Poor</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Joseph</u>	b. (Middle) <u>W.</u>	c. (Last) <u>Tomlin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6 29 1958</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-25-1876</u>	9. AGE (in years last birthday) <u>81</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>Watchman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Substantive Industry Ashe-Lockhart Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Boone Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
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13a. FATHER'S NAME <u>Stephen Tomlin</u>	13b. MOTHER'S MAIDEN NAME <u>Sally Barnes</u>	14. NAME OF HUSBAND OR WIFE <u>Lillian Tomlin</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>509-12-7358</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lillian Tomlin</u>	ADDRESS <u>1326 E. 55th St.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>  <u>3 wks</u>  <u>20 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia (Hypostatic)</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Cirrhosis of liver</u> DUE TO (c) <u>Arterio sclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6/15/58, 1958, to 6/29/58, 1958, that I last saw the deceased alive on 6/27/58, 1958, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph A. Fogarty</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>5811 Truman Rd. N. 26 Mo</u>	23c. DATE SIGNED <u>6/30/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7-1-1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Kansas</u>
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DATE REC'D BY LOCAL REG. <u>7-1-58</u>	REGISTRAR'S SIGNATURE <u>Neve Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gibson &amp; Son</u>	ADDRESS <u>Kansas City Kansas</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
 Joseph A. Fogarty

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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 *Phil C. Tibor*

Licensed Embalmer No. *3135*

P. O. Address *Kennel*

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.