V.S. No. 300
Rev. 10-48

FILED AUG 27 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029390
State File No.

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 177

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Prairie
c. LENGTH OF STAY (in this place) 9 Mon.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5 Mi. N. Lee's Summit

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN Rural-Prairie 7000
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) 5 Mi. N. Lee's Summit, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First) Grant
b. (Middle) Elson
c. (Last) Thomas

4. DATE OF DEATH (Month) (Day) (Year) Aug. 24, 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb.14,1914
9. AGE (In years last birthday) 44 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber
10b. KIND OF BUSINESS OR INDUSTRY Barber Shop
11. BIRTHPLACE (City and State or Foreign Country) Nevada, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME J. T. Thomas
13b. MOTHER'S MAIDEN NAME Anna Harpold
14. NAME OF HUSBAND OR WIFE Janie L. Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWII
16. SOCIAL SECURITY NO. 491-05-8055
17. INFORMANT'S SIGNATURE OR NAME Janie L. Thomas RR4, Independence, Mo. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 2 Mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

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 4201
20. AUTOPSY? YES ☐ NO ☒ 2

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-20- 1958, *to* 8-24, 1958, *that I last saw the deceased alive on* 8-23, 1958, *and that death occurred at* 2:35 A m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) MD
23b. ADDRESS Lee's Summit Mo
23c. DATE SIGNED 8-25-58

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Aug.27,1958
24c. NAME OF CEMETERY OR CREMATORY Nevada Cemetery
24d. LOCATION (City, town, or county) (State) Nevada, Missouri

DATE REC'D BY LOCAL REG. 8-25-1958
REGISTRAR'S SIGNATURE N. B. Langsford
25. FUNERAL DIRECTOR'S SIGNATURE Langsford Funeral Home, ADDRESS Lee's Summit, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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AUG 28 1958

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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 embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed N. B. Langsford Jr.

Licensed Embalmer No. 496

P. O. Address Lee's Sum

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.