

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033040

STATE FILE NUMBER

FILED OCT 8 1958

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

4510

S. 300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

L. W. Turner

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input 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 OR INSTITUTION Wheatley			Length of stay in hospital 22 Yrs.		d. STREET ADDRESS (If outside, give location) 1535 Prospect Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Agnes Middle Ellen Last Thomas				4. DATE OF DEATH Month 9 Day 19 Year 1958									
5. SEX Female 3		6. COLOR OR RACE Negro		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 10, 1904		9. AGE (In years) at birth 54		IF UNDER 1 YEAR Months 0 Days 00		IF UNDER 24 HRS. Hours 00 Min. 00	
10a. USUAL OCCUPATION (Give kind of work done during most of work in life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Kansas City, Mo.			12. CITIZEN OF WHAT COUNTRY? U S A					
13a. FATHER'S NAME Jimmy Harris				13b. MOTHER'S MAIDEN NAME Fannie Lewis				14. NAME OF HUSBAND OR WIFE Clarence Thomas					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 487-12-7827		17. INFORMANT Address Lester Thomas 1535 Prospect							
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 Apoplexy								INTERVAL BETWEEN ONSET AND DEATH 10 days					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Hypertension		DUE TO (c)				234X					
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 KE Jackson Mo		COUNTY		STATE				
21. I attended the deceased from 9/8/58 to 9/19/58 and last saw her/him alive on 9/19/58 Death occurred 3 hours on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE L. W. Turner (Degree or title) MD				22b. ADDRESS 1612 E 12				22c. DATE SIGNED 9/22/58					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-23-58		23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn			23d. LOCATION (City, town, or county) (State) Kansas City, Mo.						
24. FUNERAL DIRECTOR Manlove & Williams 1729 Lydia				25. DATE RECD. BY LOCAL REG. 9-23-58		26. REGISTRAR'S SIGNATURE Neva Minshall							



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 *Raymond W. Allen*

Licensed Embalmer No. *4653*

P. O. Address *75 C. Tr.*

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.