

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044435
STATE FILE NUMBER
6165

FILED JAN 14 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6165

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"/>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2942 MERCIER ST		Length of stay in lb 71 yrs	d. STREET ADDRESS (If outside, give location) 2942 MERCIER Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ALICE THOMAS			4. DATE OF DEATH Month Day Year 12 23 1958
5. SEX female 3	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 28 1879
9. AGE (In years last birthday) 80 7 7		10. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and state or country) Franklin Tenn
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME SQUIRE WOODS		13b. MOTHER'S MAIDEN NAME MINNIE HATCHER	14. NAME OF HUSBAND OR WIFE WESLEY 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. NONE	17. INFORMANT Address BEULAH JACKSON 2942 Mercier
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Auricular Fibrillation DUE TO (b) Hypertensive Heart Dis. DUE TO (c) Generalized Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senile Dementia 44 7			INTERVAL BETWEEN ONSET AND DEATH 2 wks 10 years 10 years
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) NO	
20c. TIME OF INJURY Hour a.m. p.m. NO		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.) NO		20f. CITY, TOWN, OR LOCATION COUNTY STATE NO	
21. I attended the deceased from March 19 4 to 12-23-58 and last saw her alive on 12-23-58 Death occurred at 12-23-58 - 11:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. S. Wells		22b. ADDRESS 2122 E 15th K.P. 26	
22c. DATE SIGNED 12-26-58		22d. ADDRESS (City, town, or county) (State) KANSAS CITY, KANSAS	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 12 27 1958	23c. NAME OF CEMETERY OR CREMATORY MAPLE HILL CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY, KANSAS
24. FUNERAL DIRECTOR ADDRESS ADKINS FUNERAL HOME KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 12-27-58	26. REGISTRAR'S SIGNATURE new Marshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

J.S. Wells

All diseases in Part I must be causally related.

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 *[Handwritten Signature]*

Licensed Embalmer No. *4437*

P. O. Address *[Handwritten Address]*

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.