

Health, Welfare
Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044448

STATE FILE NUMBER

FILED JAN 14 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6095

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before) a. STATE Kansas b. COUNTY Wyandotte	
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 <i>8150 8</i>
c. FULL NAME OF HOSPITAL, give location) HOSPITAL OR INSTITUTION Lutheran Hosp.		Length of stay in lb 2 Wks.	d. STREET ADDRESS 2207 S. 14th.
3. NAME OF DECEASED (Type or print) First Lillian Middle T. Last Tomlinson			4. DATE OF DEATH Month 12 Day 22 Year 58
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-4-20
9. AGE (In years <i>at birthday</i>) 38		FUNDED YEAR Months 1 Days 1	IF UNDER 24 HRS. Hours 1 Min. 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Joseph Faltermeier	
13b. MOTHER'S MAIDEN NAME Katie Trauher		14. NAME OF HUSBAND OR WIFE Frank Tomlinson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no no		16. SOCIAL SECURITY NO. 486-07-9518	
17. INFORMANT Frank Tomlinson		Address 2207 S. 14th K.C.K.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Lymphatic Leukemia			INTERVAL BETWEEN ONSET AND DEATH 4 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			2043
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 _____ a.m. _____ p.m. Month, Day, Year _____			
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		COUNTY STATE	
21. I attended the deceased from Sept 8 1958 to Dec 22 1958 and last saw her alive on Dec 22, 1958 Death occurred at 3952 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Edna Trauher M.D.		22b. ADDRESS 3066 21st NKC 16 mo	
22c. DATE SIGNED 12-24-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12-23-58	
23c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Kansas	
24. FUNERAL DIRECTOR Simmons Funeral Home K.C.K.		25. DATE RECD. BY LOCAL REG. 12-24-58	
26. REGISTRAR'S SIGNATURE Neve Marshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Edw. H. Fischer

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 Donald H. Simmons, Student Embalmer No. 562 working under my personal supervision.

Student Donald H. Simmons
Signature of Student Embalmer

Signed Down K. James

Licensed Embalmer No. 4828

P. O. Address H. C. 15

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.