Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001628

STATE FILE NUMBER

FILED JAN 20 1959 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Independence — Inside Limits Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 614 East Kansas — Length of stay in lb 20 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Independence 7 Cs. — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 614 East Kansas — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First John Middle M. Last Thomas

4. DATE OF DEATH Month Day Year Jan - 10 - 1959

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐
8. DATE OF BIRTH 1866
9. AGE (In years last birthday) 92 — 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) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (City and state or country) Galaton Valley Montana
12. CITIZEN OF WHAT COUNTRY? Usa

13a. FATHER'S NAME John Thomas
13b. MOTHER'S MAIDEN NAME Emma Ross
14. NAME OF HUSBAND OR WIFE Josephine Stella Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT James E. Thomas — Address 614 E. Kansas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH [illegible]
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Congestive Heart failure — [illegible]
DUE TO (c) Arteriosclerosis Generalized — "
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchitis 4500

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 7-28-58, to 1-10-59 and last saw ~~her~~ him alive on 1-2-59
Death occurred at 4 00 A.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Kenneth A. Mangels, M.D.
22b. ADDRESS Independence, Mo.
22c. DATE SIGNED 1-12-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan. 13-59
23c. NAME OF CEMETERY OR CREMATORY Mound Grove
23d. LOCATION (City, town, or county) (State) Independence Mo

24. FUNERAL DIRECTOR Roland R. Speaks — ADDRESS Indep. Mo
25. DATE RECD. BY LOCAL REG. 1-13-59
26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Rollie Tessel

Licensed Embalmer No. 4690

P. O. Address Indep. Mo.

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.