

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-009698

STATE FILE NUMBER

1476

Health, Welfare, Public Service

300  
-57

P. C. C. Quistgard  
 MEDICAL CERTIFICATION  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 All diseases in Part I must be causally related.

FILED APR 8 1959  
 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1476

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
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp		Length of stay in lb 38 Yrs	d. STREET ADDRESS (If outside, give location) 7007 Agnes
3. NAME OF DECEASED (Type or print) First MIDDLE Last JACOB W THOMAS			4. DATE OF DEATH Month Day Year 3 19 1959
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8 22 1894
9. AGE (In years last birthday) 64		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) Signalman		10b. KIND OF BUSINESS OR INDUSTRY K.. C. Terminal	11. BIRTHPLACE (City and state or country) Bates County, Mo
12. CITIZEN OF WHAT COUNTRY? U. S. A		13a. FATHER'S NAME George W. Thomas	
13b. MOTHER'S MAIDEN NAME Genittie F. Stice		14. NAME OF HUSBAND OR WIFE Mabel R. Thomas	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or States of service) No		16. SOCIAL SECURITY NO. 703 03 9217	17. INFORMANT Address Mrs. Mabel R. Thomas 7007 Agnes
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) EXTENSIVE ACUTE MYOCARDIAL INFARCTION " " CHRONIC " " " " DUE TO (b) EXTENSIVE GENERALIZED CORONARY ATHEROSCLEROSIS DUE TO (c) " " " " " "			INTERVAL BETWEEN ONSET AND DEATH - 1 DAY - 485.
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 checked="" type="checkbox"/> NO <input 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 <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 <u>JULY 27 55</u> to <u>MARCH 18 59</u> and last saw her/him alive on <u>MARCH 18 59</u> Death occurred at <u>2:30</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) P. C. C. Quistgard M.D.		22b. ADDRESS 6744 Prospect Kchn	22c. DATE SIGNED 3-20-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-21-1959	23c. NAME OF CEMETERY OR CREMATORY Floral Hills
23d. LOCATION (City, town, or county) Kansas City, Missouri		23e. (State)	
24. FUNERAL DIRECTOR ADDRESS Floral Hills Memorial Chapels, Inc		25. DATE RECD. BY LOCAL REG. 3-20-59	26. REGISTRAR'S SIGNATURE Neva Marshall

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 *Ferrest D. Goldmanow* .....

Licensed Embalmer No. *4714* .....

P. O. Address *K.C. 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.