

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021731

STATE FILE NUMBER

FILED JUL 13 1959

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 3187

300
-57 0

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) 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) Menorah Medical Center		Length of stay in lb 40 YRS.	d. STREET ADDRESS 6052 Prospect		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Charles Middle MORTON Last Thomas			4. DATE OF DEATH Month 6 Day 27 Year 59		
5. SEX Male	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 12-5-81	9. AGE (In years last birthday) 77 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) INTERIOR DECORATOR		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) WINFIELD, KANSAS		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME E. THOMAS		13b. MOTHER'S MAIDEN NAME MARY ELIZABETH UNKNOWN		14. NAME OF HUSBAND OR WIFE MARK M. 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. 495 03 8098	17. INFORMANT ALFRED DANIEL Address 6052 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) Acute bronchopneumonia, Right lower lobe - 2 days Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) Metastatic carcinoma to the liver - 1 1/2 years				INTERVAL BETWEEN ONSET AND DEATH 156.2	
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.) 156.2			
20c. TIME OF INJURY Hour _____ 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		COUNTY	STATE
21. I attended the deceased from 9-13-58 to 6-27-59 and last saw her alive on 6-27-59 . Death occurred at 6 a. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Alfred Daniel M.D.</i> (Degree or title)			22b. ADDRESS 751 E 63rd St. Kansas		22c. DATE SIGNED 6-28-59
22d. BURIAL, CREMATION, REMOVAL (Specify)	22e. DATE JUNE 29, 1959	22c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CFM		22d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.	
24. FUNERAL DIRECTOR W. W. Newcomer's Sons ADDRESS K.C. MO.		25. DATE RECD. BY LOCAL REG. 6-29-59		26. REGISTRAR'S SIGNATURE <i>Neva Mitchell</i>	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
 MEDICAL CERTIFICATION
 J. S. Hoffman USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Em 3 - 2010

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 M. Hardy*
Licensed Embalmer No. *4913*
P. O. Address *Index 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.