

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025050

FILED JUL 17 1959 49

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 3274 STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Missouri		Length of stay in 1b 2 1/2 months		c. CITY OR TOWN Holden		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION The Menorah Medical Center				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) +	
3. NAME OF DECEASED (Type or print) Thomas Ray Clear				4. DATE OF DEATH Month 7- Day 4- Year 59			
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2-14-92	
				9. AGE (last birthday) 67		IF UNDER 1 YEAR Months _____ Days _____	
						IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm owner farmer & stockman			10b. KIND OF BUSINESS OR INDUSTRY Johnson Co., Mo.			11. BIRTHPLACE (City and state or country) U. S.	
13a. FATHER'S NAME Thomas J. Clear			13b. MOTHER'S MAIDEN NAME Mary Adams			14. NAME OF HUSBAND OR WIFE Willie E. Clear	
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. 495-42-5843		17. INFORMANT Mrs. Willie E. Clear Address Kingsville, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple pulmonary emboli DUE TO (b) Injury caused by horse DUE TO (c) falling on pt. + rupturing viscus							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) 1 horse fell on pt. 4/20/59 - Pommel at pt in abd			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year 4/20/59		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 4-22-59 to July 4-59 and last saw her/him alive on 7/4/59 5 pm. Death occurred at 5:45 pm on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE J. Printz (Degree or title) M.D.				22b. ADDRESS 701 E 63rd KC Mo		22c. DATE SIGNED 7/5/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 7-7-59		23c. NAME OF CEMETERY OR CREMATORY Adams Cemetery		23d. LOCATION (City, town, or county) (State) RFD Warrensburg, Mo.	
24. FUNERAL DIRECTOR Sweeney Phillips, Warrensburg, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 7-5-59		26. REGISTRAR'S SIGNATURE Neva Minshall	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **J. Printz**

3-17
1959 SEP 8

SEP 17 1959

Handwritten notes:
17th St
E. 17th St
D. 17th St

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Morris D. Bailey

Licensed Embalmer No. 4887

P. O. Address Warrensburg

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.