

R DIVISION OF HEALTH—STANDARD CERTIFICATE OF DEATH

=60-019662

FILED VS. JUN 15 1960 149

Primary Registration District No. 1002

Registrar's No. 2886

STATE FILE NUMBER

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		Length of stay in 1b 56 yrs.		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) HOSPITAL OR INSTITUTION St. Mary's Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2806 Gillham Rd.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last MRS. JOSEPHINE TOMLIN				4. DATE OF DEATH Month Day Year 5-25-60				
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Sept. 18-85	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Clinton, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Richard L. Williams			13b. MOTHER'S MAIDEN NAME Frances A. Tindall			14. NAME OF HUSBAND OR WIFE Jacob M. Tomlin		
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. 490-10-5447		17. INFORMANT Address Mrs. Helena L. Sands-2806 Gillham B				
18. CAUSE OF DEATH (Enter only one cause per (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Infarction - left cerebral hemisphere						
		DUE TO (c) Carcinoma of Rectum - inguinal node metastatic						
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"/> N. <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input 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 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 4-20-60 to 5-25-60 and last saw her ^{her} _{him} alive on 5-24-60 Death occurred at 7:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) F.B. Campbell M.D.				22b. ADDRESS 1210 Prof Hdg Kansas City		22c. DATE SIGNED 5-27-60		
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE 5-28-60	22c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery		22d. LOCATION (City, town, or county) Kansas City, Missouri		(State)		
24. FUNERAL DIRECTOR Melody-McGilley-Eylar Funeral Home 1800 E. Linwood Blvd.			25. DATE RECD. BY LOCAL REG. 5-27-60	26. REGISTRAR'S SIGNATURE Hera Marshall				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

F. B. Campbell

Dr. Fred -
Professional
VI 2-338
Frid. about

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 Laer H. Martin, Student Embalmer No. 582
working under my personal supervision.

Student Laer J. Martin
Signature of Student Embalmer

Signed Arthur Eugene Hale

Licensed Embalmer No. 491

P. O. Address KCM

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.