

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009182

FILED VS MAR 13 1961

995

STATE FILE NUMBER

Registration District No. 777 Primary Registration District No. 1002 Registrar's No. 995

AMENDED

DATE AMENDED

INSTEAD OF

DOCUMENT

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 SKansas City		Length of stay in 1b 49 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 622 Benton			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1521 Winchester		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Mary Middle Thomas Last Thomas				4. DATE OF DEATH Month 2 Day 22 Year 61									
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 2-18-1871		9. AGE (last birthday) 90		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) Levenworth Kansas		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Henry Faber				13b. MOTHER'S MAIDEN NAME UNK				14. NAME OF HUSBAND OR WIFE Otto 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. None		17. INFORMANT Address Otto Thomas 1032 Fuller							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hyostatic Pneumonia										INTERVAL BETWEEN ONSET AND DEATH 2 days			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Senility. Arteriosclerotic Heart Disease 10 yrs													
DUE TO (c) _____													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Unhealed Fracture of Surgical Neck of Lt. Femur								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 type="checkbox"/> NO <input checked="" 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 1947 to 2/21/61 and last saw her/him alive on 2/21/61 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Print or title) M. Geraghty D.O.						22b. ADDRESS 1210 E New Yorkway Inde Mo.			22c. DATE SIGNED 2/21/61				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2-25-61		23c. NAME OF CEMETERY OR CREMATORY Mt. Washington				23d. LOCATION (City, town, or county) (State) Kan Independence Missouri					
24. FUNERAL DIRECTOR ADDRESS Sheil Funeral Home K. C. Missouri				25. DATE RECD. BY LOCAL REG. 2-24-61		26. REGISTRAR'S SIGNATURE Ruth Long							

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

M. Geraghty

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 DOUGLAS E. HOBSON, Student Embalmer No. 626

working under my personal supervision.

Student Douglas E. Hobson Signed Richard E. Carroll
Signature of Student Embalmer

Licensed Embalmer No. 4829

P. O. Address K. E. 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.