

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-61-014030**

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1887

AMENDED

**FILED MAY 3 1961**

DATE AMENDED

INSTEAD OF THIS RECORD, SEE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF **John H. Mayer, Jr.** MEDICAL CERTIFICATION

|  |   |   |  |   |  |  |   |
|--|---|---|--|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JACKSON</b>  |   |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> COUNTY <b>JACKSON</b> |  |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>KANSAS CITY</b>  |   | Length of stay in 1b<br><b>51 YEARS</b>   |  | c. CITY OR TOWN <b>KANSAS CITY</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>ST. LUKE'S HOSPITAL</b>  |   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>     | d. STREET ADDRESS (If outside, give location)<br><b>4820 EAST 40TH TERR.</b>  |  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>CARL</b> Middle <b>FRANKLIN</b> Last <b>THOMAS</b>   |   |   |  | 4. DATE OF DEATH<br>Month <b>APRIL</b> Day <b>12</b> Year <b>1961</b>   |  |  |   |
| 5. SEX<br><b>MALE</b>  | 6. COLOR OR RACE<br><b>WHITE</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>12/4/08</b>  | 9. AGE (last birthday)<br><b>52</b>  | IF UNDER 1 YEAR<br>Months Days Hours Min.  | IF UNDER 24 HR<br>Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>BUILDING INSPECTOR</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>CITY</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>RICHMOND, MISSOURI</b>   |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b>                                       |   |
| 13a. FATHER'S NAME<br><b>JAMES EDWARD THOMAS</b>   |   |   | 13b. MOTHER'S MAIDEN NAME<br><b>HENRIETTA BRYAN</b>                                      |   |  | 14. NAME OF HUSBAND OR WIFE<br><b>PAULINE G. THOMAS</b>                              |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>   |   | 16. SOCIAL SECURITY NO.<br><b>--</b>  |  | 17. INFORMANT<br><b>PAULINE G. THOMAS</b>   |  | <b>4820 EAST 40TH TERR. KANSAS CITY, MO.</b>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Bronchiogenic Carcinoma</b>   |   |   |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>4 mos.</b>                                     |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |   |   |  |   | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Heart Failure + Bronchopneumonia</b> |  |   |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.<br>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 <u>3-14-61</u> to <u>4-12-61</u> and last saw her/him alive on <u>4-12-61</u><br>Death occurred at <u>7:20</u> <u>A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |   |  |  |   |
| 22a. SIGNATURE (Degree or title)<br><b>John H. Mayer Jr M.D.</b>   |   |   |  | 22b. ADDRESS<br><b>4620 JC Nichols 15c Mo.</b>  |  |  | 22c. DATE SIGNED<br><b>4/17/61</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>   |   | 23b. DATE<br><b>APR. 15, 1961</b>   | 23c. NAME OF CEMETERY OR CREMATOR<br><b>FLORAL HILLS CEMETERY</b>                        |   | 23d. LOCATION (City, town, or county)<br><b>KANSAS CITY</b>  | STATE<br><b>MISSOURI</b>   |   |
| 24. FUNERAL DIRECTOR<br><b>D.W. NEWCOMER'S SONS</b>  |   |   | ADDRESS<br><b>1331 BRUSH CREEK</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>4-17-61</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Ruth Long</b>  |   |

**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 Vern Lawler

Licensed Embalmer No. 4915

P. O. Address R-6 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.