

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

3107 -61-021494
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1202 Registrar's No.

FILED JUL 5 1961

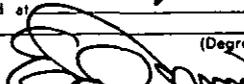
DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT BY AFFIDAVIT OF Frank Ellis MEDICAL CERTIFICATION

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Wassasaw City</u> | | c. CITY OR TOWN <u>Wassasaw City</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hosp.</u> | | d. STREET ADDRESS <u>9th & Granddette</u> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>Jack Garland Thomas</u> | | 4. DATE OF DEATH Month Day Year <u>6 16 61</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>6/16/14</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance Man</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Hotels</u> | 11. BIRTHPLACE (City and state of country) <u>DeWison, Texas</u> |
| 13a. FATHER'S NAME <u>Fred Thomas</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>unknown</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | |
| 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 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 Month, Day, Year 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 <u>6/12/1961</u> to <u>6/16/1961</u> and last saw him alive on <u>6/16/1961</u> Death occurred at <u>1:25 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE  | | 22b. ADDRESS <u>2400 Cherry City</u> | 22c. DATE SIGNED <u>6/17/61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL - ANATOMICAL</u> | | 23b. DATE <u>6-21-61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>ANATOMY DEPARTMENT UNIVERSITY OF MISSOURI</u> |
| 24. FUNERAL DIRECTOR <u>WEILERTS; 2332 MONITOR PLACE; K.C., Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>6-21-61</u> | 26. REGISTRAR'S SIGNATURE <u>Ruth Long</u> |

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

B. E. Weiland

Licensed Embalmer No. 4075

P. O. Address 7 E. 8, 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.