

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-033157

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4374 STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Mo.
c. FULL NAME OF HOSPITAL OR INSTITUTION General Hosp.

2. USUAL RESIDENCE (Where deceased lived.)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Kansas City
d. STREET ADDRESS 2414 Tracy

3. NAME OF DECEASED (Type or print)
First William Middle Thomas Last Thomas

4. DATE OF DEATH 8-31-61

5. SEX Male

6. COLOR OR RACE Negro

7. Married Never Married
Widowed Divorced

8. DATE OF BIRTH 10/15/1881

9. AGE (last birthday) 79

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Barber

11. BIRTHPLACE (City and state or country) Brownville Tenn

12. CITIZEN OF WHAT COUNTRY U. S. A

13a. FATHER'S NAME Henry Thomas

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Indiana 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. Unknown

17. INFORMANT Indiana Thomas Address 2414 Tracy

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) perforated duodenal ulcer
DUE TO (b) _____
DUE TO (c) _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
severe coronary and cerebral arteriorotic disease

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

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 NOT WHILE AT WORK

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 8-30-61 to 8-31-61 and last saw ^{her} him alive on 8-31-61
Death occurred 10:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. J. Dr... (Degree or title)

22b. ADDRESS 2400 McCloy

22c. DATE SIGNED 9-3-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 9/6/1961

23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn Cemetery

23d. LOCATION (City, town, or county) Kansas City, Mo. (State)

24. FUNERAL DIRECTOR C. E. Davis ADDRESS 1415 Truman Rd

25. DATE RECD. BY LOCAL REG. 9-2-61

26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Frank Ellis

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 Eddie Middleton

Licensed Embalmer No. 5046

P. O. Address K.C. 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.