

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

3827-62-027366
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3827

FILED AUG 2 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
Paul Wright

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>2 da.</u>	c. CITY OR TOWN <u>Edgerton</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4604 Wyoming</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>_____</u>
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Herbert</u> Last <u>Thacker</u>		4. DATE OF DEATH Month <u>July</u> Day <u>22</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 8, 1875</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Custodian</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Custodial</u>	9. AGE (last birthday) <u>87</u>
11a. FATHER'S NAME <u>James N. Thacker</u>		11b. MOTHER'S MAIDEN NAME <u>Lucinda Fitch</u>	11c. NAME OF HUSBAND OR WIFE <u>Laura Ann Thacker</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>None</u>	17. INFORMANT <u>Cora Burriss</u> Address <u>4604 Wyoming K.C., Mo.</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>arterio-sclerotic cardiovascular disease - ? yr</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>abdominal aortic aneurysm</u>			
DUE TO (c) _____			
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 _____ 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 <u>Oct. 1957</u> to <u>July 1962</u> and last saw her/him alive on <u>June - 41</u> Death occurred at <u>10 45 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree title) <u>Paul Wright M.D.</u>		22b. ADDRESS <u>K.C. - 4. Mo. 1324 Prof. Bldg.</u>	22c. DATE SIGNED <u>July 22 1962</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 25 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hebron Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Edgerton Mo.</u>
24. FUNERAL DIRECTOR <u>Clarence E. Hixson - Gower, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-23-62</u>	26. REGISTRAR'S SIGNATURE <u>Ruth N 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 Clarence E. Hinson

Licensed Embalmer No. 5122

P. O. Address Gower, 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.