

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047232

6362

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

<b>FILED JAN 7 1963</b>	
<p><b>1. PLACE OF DEATH</b></p> <p>a. COUNTY <u>Jackson</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u> Length of stay in lb <u>4 1/2 yrs.</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Children's Mercy Hosp.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p><b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u></p> <p>c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>3108 E. 14th</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p><b>3. NAME OF DECEASED</b> (Type or print) First <u>Barry</u> Middle <u>Eugene</u> Last <u>Thomas</u></p>	
<p><b>4. DATE OF DEATH</b> <u>12-13-62</u></p>	
<p><b>5. SEX</b> <u>Male</u></p>	<p><b>6. COLOR OR RACE</b> <u>Negro</u></p>
<p><b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input checked="" type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/></p>	<p><b>8. DATE OF BIRTH</b> <u>7-20-58</u> <b>9. AGE</b> (last birthday) <u>4 yrs</u></p>
<p><b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Child</u></p>	<p><b>10b. KIND OF BUSINESS OR INDUSTRY</b></p>
<p><b>11. BIRTHPLACE</b> (City and state or country) <u>Kansas City, Mo.</u></p>	<p><b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u></p>
<p><b>13a. FATHER'S NAME</b> <u>—</u></p>	<p><b>13b. MOTHER'S MAIDEN NAME</b> <u>Bertha Thomas</u></p>
<p><b>14. NAME OF HUSBAND OR WIFE</b> <u>—</u></p>	<p><b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>—</u> <b>16. SOCIAL SECURITY NO.</b> <u>—</u> <b>17. INFORMANT</b> <u>Bertha Thomas</u> Address <u>3108 E. 14th Kansas City, Mo</u></p>
<p><b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).)</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Broncho pneumonia</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p> <p style="text-align: center;">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</p>	
<p><b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	<p><b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/></p>
<p><b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p><b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>	<p><b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>
<p><b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	<p><b>20f. CITY, TOWN, OR LOCATION</b> _____ <b>COUNTY</b> _____ <b>STATE</b> _____</p>
<p><b>21. I attended the deceased from</b> <u>12-3-62</u> to <u>12-13-62</u> and last saw <u>her</u> alive on <u>12-13-62</u>. Death occurred at <u>9:45</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.</p>	
<p><b>22a. SIGNATURE</b> (Degree or title) <u>[Signature]</u></p>	<p><b>22b. ADDRESS</b> <u>Kansas City Mo.</u> <b>22c. DATE SIGNED</b> <u>12-14-62</u></p>
<p><b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>burial</u></p>	<p><b>23b. DATE</b> <u>12-20-62</u> <b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Blue Ridge Lawn</u> <b>23d. LOCATION</b> (City, town, or county) <u>Kansas City</u> (State) <u>Mo.</u></p>
<p><b>24. FUNERAL DIRECTOR</b> <u>Watkins Bro. Funeral Home 18th Benton</u></p>	<p><b>25. DATE RECD. BY LOCAL REG.</b> <u>12-14-62</u> <b>26. REGISTRAR'S SIGNATURE</b> <u>[Signature]</u></p>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59

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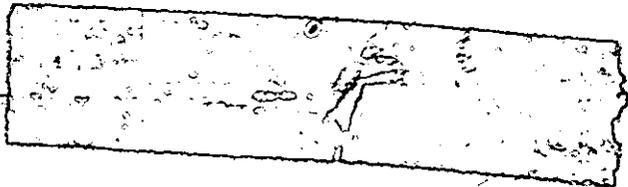
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**STATEMENT BY LICENSED EMBALMER**

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 Bruce R. Watkins

Licensed Embalmer No. 4500

P. O. Address 18th Benton

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.