

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047235

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6323

DO NOT WRITE ON THIS STUB

AMENDED

<p>FILED JAN 7 1963</p> <p>1. PLACE OF DEATH</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>20 years</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>K.C. TUBERCULOSIS Hosp.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>2. USUAL RESIDENCE (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>1104 PENNSYLVANIA</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>			
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>ROLAND E THOMAS</u></p>			<p>4. DATE OF DEATH Month Day Year <u>DECEMBER 8 1962</u></p>		
<p>5. SEX <u>MALE</u></p>		<p>6. COLOR OR RACE <u>WHITE</u></p>		<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	
<p>8. DATE OF BIRTH <u>10-17-1913</u></p>		<p>9. AGE (last birthday) <u>49 YEARS</u></p>		<p>IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.</p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NEWSPAPER SALES</u></p>			<p>10b. KIND OF BUSINESS OR INDUSTRY <u>KANSAS CITY STAR</u></p>		<p>11. BIRTHPLACE (City and state or country) <u>UNKNOWN</u></p>
<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>					
<p>13a. FATHER'S NAME <u>UNKNOWN</u></p>			<p>13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u></p>
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO (?) UNKNOWN</u></p>			<p>16. SOCIAL SECURITY NO. <u>UNKNOWN</u></p>		<p>17. INFORMANT Address <u>Jack Pittman 1104 PENNSYLVANIA</u></p>
<p>18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Pulmonary Tuberculosis</u></p> <p style="text-align: center;">DUE TO (b) <u>Tuberculosis Pneumonia</u></p> <p style="text-align: center;">DUE TO (c) _____</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</p>					<p>INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u></p>
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>					<p>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>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>					
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from <u>12/7/62</u> to <u>12/8/62</u> and last saw ^{her} him alive on <u>12/8/62</u> Death occurred at <u>1104 Pennsylvania</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>					
<p>22a. SIGNATURE (Degree or title) <u>W. Buecklingham</u></p>			<p>22b. ADDRESS <u>314 W. 14th St. Plaza</u></p>		<p>22c. DATE SIGNED <u>12/10/62</u></p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>		<p>23b. DATE <u>December 13-62</u></p>		<p>23c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u></p>	
<p>23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u></p>					
<p>24. FUNERAL DIRECTOR ADDRESS <u>MUEHLEBACH 6800 TROOST</u></p>			<p>25. DATE RECD. BY LOCAL REG. <u>12.12.62</u></p>		<p>26. REGISTRAR'S SIGNATURE <u>A. Ruth Long</u></p>

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF W. Buecklingham MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

VS 300
Rev. 4/59
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13

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 R. E. Nichols

Licensed Embalmer No. 4997

P. O. Address K. C. MD

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.