

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048284
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6722

FILED DEC 27 1963

DO NOT WRITE ON THIS STUB
AMENDED

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF	George H. Taft	SHOULD READ	ITEM NO.
Rev. 4/59									
1									
2 <u>3418</u>									
3									
4 <u>2</u>									
5 <u>1</u>									
6									
7 <u>1</u>									
8 <u>1</u>									
9 <u>241X</u>									
10									
11									
12 <u>70-0</u>									
13									

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Jackson</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City,</u> Length of stay in lb <u>12 years</u>		c. CITY OR TOWN <u>Kansas City,</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wheatley Provident Hos.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1214 East 26th St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>SAMUEL</u> Middle <u>L.</u> Last <u>THOMAS</u>			4. DATE OF DEATH Month <u>December</u> Day <u>7</u> Year <u>1963</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-9-33</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Parking lot attendant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Parking Lot</u>	9. AGE (last birthday) <u>30</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11. BIRTHPLACE (City and state or country) <u>Mounde, Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Clarence Thomas</u>		13b. MOTHER'S MAIDEN NAME <u>Lillian Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel Mae Thomas</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> If yes, give year or dates of service <u>3-9-53 to 3-8-55</u>		16. SOCIAL SECURITY NO. <u>3-9-53 to 3-8-55</u>	
17. INFORMANT <u>Ethel Mae Thomas, K. C., Mo.</u> Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Anoxia</u>			
DUE TO (b) <u>Broncho Broncholitis-Extensive Bilateral</u>			
DUE TO (c) <u>Bronchial Asthma</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Endocarditis of the Tricuspidia Valve</u>			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 checked="" type="checkbox"/> NO <input 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>12/2/63</u> to <u>12/7/63</u> and last saw him <input checked="" type="checkbox"/> live on <u>12/7/63</u>		Death occurred at <u>11:45 A.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>George H. Taft, M.D.</u>		22b. ADDRESS <u>2204 E. 18th Street</u>	22c. DATE SIGNED <u>12/10/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>12-14-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Bethel Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Tulsa, Oklahoma</u>
24. FUNERAL DIRECTOR <u>Mrs. Meek's Mortuary, K. C., Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>12-11-63</u>	26. REGISTRAR'S SIGNATURE <u>Bessie Smith</u>

USE BLACK INK OR TYPEWRITER RIBBON

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 Willard B Paskin

Licensed Embalmer No. 5013

P. O. Address NC, 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.