

FILED OCT 21 1950 THE DIVISION OF HEALTH OF THE STATE OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 33717
4182

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Independence	
c. LENGTH OF STAY (in this place) 1 Day		d. STREET ADDRESS (If rural, give location) Blue Springs Holke Rd	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1			

3. NAME OF DECEASED (Type or Print) Thomas	a. (First) H.	b. (Middle) Sivil	c. (Last)	4. DATE OF DEATH (Month) 10 (Day) 2 (Year) 50
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 6-20-1919	9. AGE (In years last birthday) 31	IF UNDER 1 YEAR Months 2 Days 12	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butler	10b. KIND OF BUSINESS OR INDUSTRY Butch Meat Co	11. BIRTHPLACE (State or foreign country) Town, Okla	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Goldie Sivil
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes	(If yes, give number of service) # 11	16. SOCIAL SECURITY NO. 445-14-9772	17. INFORMANT'S SIGNATURE OR NAME Goldie Sivil	ADDRESS Indep. mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Non-epidemic meningitis	II. OTHER SIGNIFICANT CONDITIONS		340 ³
ANTECEDENT CAUSES	DUE TO (b) _____		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) _____		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from Oct. 2, 1950, to Oct. 2, 1950, that I last saw the deceased alive on Oct. 2, 1950, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns (Degree or title)	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 10-3-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct 3, 1950	24c. NAME OF CEMETERY OR CREMATORY Gowen Cem	24d. LOCATION (City, town, or county) (State) Hartshorn, Okla
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DATE REC'D BY LOCAL REG. 10-3-50	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Tilton L. Kopley	ADDRESS Indep. mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Handwritten note in top right corner.

Oct 21 1945

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signature of Donald L. Kelly

Signed.....
Student Embalmer

Licensed Embalmer No. *4228*

P. O. Address *Jules me*

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 this body is not embalmed, fact should be so stated above.