

FILED MAY 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12944

BIRTH NO.		REG. DIST. NO. 150	PRIMARY REG. DIST. NO. 5573	Registrar's No. 434
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) Blue Springs Rural		c. CITY (If outside corporate limits, write RURAL and give township) Blue Springs Rural 0480		
c. LENGTH OF STAY (In this place) 20 yrs		d. STREET ADDRESS (If rural, give location) Lake Tapiwingo		
d. FULL NAME OF HOSPITAL OR INSTITUTION Lake Tapiwingo				
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Earnest c. (Last) Thomas		4. DATE OF DEATH (Month) (Day) (Year) April 13 1951		
5. SEX Male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 17 1872	9. AGE (In years last birthday) Months Days 78 9 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired R.R.		10b. KIND OF BUSINESS OR INDUSTRY Union Pacific		11. BIRTHPLACE (State or foreign country) Fairfax Va
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Wm Thomas		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Birdie Thomas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Birdie Thomas Blue Springs W
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterial sclerotic vascular INTERVAL BETWEEN ONSET AND DEATH 1 yr 3 mo ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) renal disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 446 X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1-9, 1950 , to 4-13, 1951 , that I last saw the deceased alive on 4-8, 1951 , and that death occurred at 4:52 P. m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Merrill R. Bay M.D.		23b. ADDRESS 1010 MAIN ST. BLUE SPRINGS, MO		23c. DATE SIGNED 4-14-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 15 51		24c. NAME OF CEMETERY OR CREMATORY Blue Springs
24d. LOCATION (City, town, or county) (State) Blue Springs Mo				
DATE REC'D BY LOCAL REG. APRIL 21, 1951		REGISTRAR'S SIGNATURE Ronald C. Samahan 378		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Webb Funeral Home Blue Springs Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

REC'D 4

MAY 1 1978

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.....
Student Embalmer

Signed R B Webb

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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 this body is not embalmed, fact should be so stated above.