

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **38965**  
**5087**

FILED DEC 6 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>Unknown</b>		d. STREET ADDRESS (If rural, give location) <b>1400 A Garfield</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital #2</b>			
3. NAME OF DECEASED a. (First) <b>Thomas</b>		b. (Middle) <b>Thesiger</b>	
c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <b>11 16 52</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>?</b>	8. DATE OF BIRTH <b>4-21-1877</b>
9. AGE (In years last birthday) <b>75</b>		10. KIND OF BUSINESS OR INDUSTRY <b>Practical Nurse ?</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Minden, Louisiana</b>
12. CITIZEN OF WHAT COUNTRY? <b>America</b>		13a. FATHER'S NAME <b>James Thesiger</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary</b>		14. NAME OF HUSBAND OR WIFE <b>Don't Know</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. J. W. Clouden</b>		ADDRESS <b>1400 Garfield</b>	
MEDICAL CERTIFICATION			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>1. Hypostatic pneumonia 2. Senility</b> 3. <b>Inanition.</b> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS <b>Multiple stab wounds (ice pick) penetrating of</b> <i>Conditions contributing to the death but not related to the disease or condition causing death. If, thorax, Hemopneumothorax</i>		INTERVAL BETWEEN ONSET AND DEATH <b>298<sup>hrs</sup></b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Operation: Thoracotomy</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE (Specify) <b>suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kansas City, Jackson, Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) <b>10-25-52</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Stab wounds.</b>	
22. I hereby certify that I attended the deceased from <b>10-25-52</b> , 19 <b>52</b> , to <b>11-16-52</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>11-16-52</b> , 19 <b>52</b> , and that death occurred at <b>11:00 a. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>E. Frank Ellis</b>		23b. ADDRESS <b>600 East 22nd Street</b>	
23c. DATE SIGNED <b>11-17-52</b>		24. NAME OF CEMETERY OR CREMATORY <b>WEST LAWN</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11-20-52</b>	
24c. LOCATION (City, town, or county) (State) <b>KANSAS CITY MO.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>BRADY-BROWN K. L. MD</b>	
25. DATE REC'D BY LOCAL REG. <b>11-20-52</b>		25. REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	
25. ADDRESS _____		25. ADDRESS _____	

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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 .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.