

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**6345**

State File No. ....

**FILED FEB 27 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 542

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>10 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>1413 E. 16th Street 3268</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1413 E. 16th Street</b>			

3. NAME OF DECEASED (Type or Print): a. (First) <b>Otto</b> b. (Middle) <b>E.L.</b> c. (Last) <b>Thomas</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 23, 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Col.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 13, 1888</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Common laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Sherman, Texas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Pete Thomas</b>	13b. MOTHER'S MAIDEN NAME <b>Alice - unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Lula V. Thomas</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If you, give war or dates of service) <b>448-16-2755</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lula V. Thomas</b>	ADDRESS <b>1413 E. 16th St</b>
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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) <b>Acute Pyrogenic Granuloma, Broncho-on Left buttocks (Pneumonia)</b>		ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		<b>12/7/52</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Unknown</b>		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS <b>Broncho-Pneumonia</b>		<b>1/23/53</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)	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 12/7/52, 19  , to 1/23/53, 19  , that I last saw the deceased alive on 1/20, 1953, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>L. H. Tillman MD</b>	23b. ADDRESS <b>1618 Lydia K.C. Mo.</b>	23c. DATE SIGNED <b>1/26/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1/27/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lincoln Cemetery, Inc.</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>1-27-53</b>	REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>West, Appleton &amp; Jones, Inc.</b>	ADDRESS <b>1905/ Vine</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

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. 2710

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.