

STANDARD CERTIFICATE OF DEATH

State File No. 21887

FILED JUN 26 1953

BIRTH NO.

REG. DIST. NO. 146

PRIMARY REG. DIST. NO. 3026

Registrar's No. 248

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) Independence		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 5 MO		e. STREET ADDRESS (If rural, give location) 1829 Pennway	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 500 East Truman Road			
3. NAME OF DECEASED (Type or Print) a. (First) Sallie		b. (Middle) Thurston	c. (Last) Thurston
4. DATE OF DEATH Month June Day 4 Year 1953		5. SEX Female	
6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 9-10-1873		9. AGE (In years last birthday) 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and State or Foreign Country) Viana, La		12. CITIZEN OF WHAT COUNTRY? U. S. A	
13a. FATHER'S NAME John Adkins		13b. MOTHER'S MAIDEN NAME Frances Garner	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Wordie Burt	
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.		ADDRESS 2204 Finley St, Muskogee, Okla	

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.		19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uterine Carcinoma		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) _____		DUE TO (c) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) _____	
19. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Senility		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 **5-15**, 19**53** to **6-4**, 19**53** that I last saw the deceased alive on **6-4**, 19**53** and that death occurred at **8:45 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE D. M. Miller (Degree or title) D.M. Miller, M.D.		23b. ADDRESS 1816 Vine St. Mo.		23c. DATE SIGNED 6-5-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-8-1953		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	
24d. LOCATION (City, town, or county) (State) Kansas City Kansas		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. J.W. Jones		ADDRESS 440 State Ave, K.C. Kansas	
DATE REC'D BY LOCAL REG. 6-8-53		REGISTRAR'S SIGNATURE R. W. Jones		358	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Eugene English*
Licensed Embalmer No. *H.1*

P. O. Address *H.40. Sta*
K. C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.