

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43215**  
**5970**

FILED JAN 14 1954

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. LENGTH OF STAY (In this place) <b>32 YEARS</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b> <b>3929</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>406 WEST 34TH STREET 4TH FLOOR PORTER BLDG.</b>			d. STREET ADDRESS (If rural, give location) <b>6141 HARRISON STREET</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>WALKER</b>		b. (Middle) <b>SPURGEON</b>	c. (Last) <b>THOMAS JR.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 18, 1953</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED 1</b>	8. DATE OF BIRTH <b>SEPT. 27, 1918</b>	9. AGE (In years last birthday) <b>35</b>	IF UNDER 1 YEAR Months
IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ENGINEER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>HEATING</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>0</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
13a. FATHER'S NAME <b>WALKER SPURGEON THOMAS JR.</b>		13b. MOTHER'S MAIDEN NAME <b>IONSIE EPPERSON</b>	14. NAME OF HUSBAND OR WIFE <b>MRS. BERNICE THOMAS</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WORLD WAR II</b>		16. SOCIAL SECURITY NO. <b>495-05-1155</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. BERNICE THOMAS</b>		
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.			MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>2nd &amp; 3rd degree Burns</b>			DUE TO (b) <b>heart &amp; upper extremities</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>89163 40</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <b>Accident after 2nd degree burns</b>		21b. PLACE OF INJURY (e.g., up or about home, factory, street, etc.) <b>Kansas City, Jackson Co.</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <b>123</b> (STATE)		
21d. TIME OF INJURY <b>12-18-53</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Kansas City caught fire</b>		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>9:11 A.</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>Hugh H. Owens</b>			23b. ADDRESS <b>1034 Piatt Bldg</b>	23c. DATE SIGNED <b>12-19-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>DEC. 21, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAN CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>		
DATE REC'D BY LOCAL REG. <b>12-21-53</b>		REGISTRAR'S SIGNATURE <b>Seraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>O. N. Newcomer's Sons</b>	
				ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>	

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>NOT</sup> 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.