

FILED MAY 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16210**
1932

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Jackson	b. CITY (If outside corporate limits, write RURAL and give town) OR Kansas City	a. STATE Missouri	b. COUNTY Clay
c. LENGTH OF STAY (In this place) 3 weeks		c. CITY OR TOWN Liberty	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Resarch Hospital		e. STREET ADDRESS (If rural, give location) 102 Cedar	6001

3. NAME OF DECEASED (Type or Print)	a. (First) Lela	b. (Middle) Belle	c. (Last) Thomas	4. DATE OF DEATH (Month) (Day) (Year) April 26, 1954
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 22, 1899	9. AGE (In years last birthday) 55 if UNDER 1 YEAR Months Days if UNDER 1 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Clay Co. Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles Archer	13b. MOTHER'S MAIDEN NAME Maud Hickman	14. NAME OF HUSBAND OR WIFE Gilbert Thomas
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 500-20-8280	17. INFORMANT'S SIGNATURE OR NAME Gilbert Thomas, Liberty, Mo.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 yr - 2001
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lympho sarcoma, Retroperitoneal		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) e Generalized Metastases		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from May 1953, to Apr 26, 1954, that I last saw the deceased Apr 26, 1954, and that death occurred at 8:30 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Glenn W. Hendren</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Liberty, Mo</u>	23c. DATE SIGNED <u>4/27/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 4-28-54	24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	24d. LOCATION (City, town, or county) (State) Liberty, Missouri
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DATE REC'D BY LOCAL REG. 4-29-54	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Tyler ...</u>	ADDRESS Liberty, Mo.
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(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.....

John Pasley

Licensed Embalmer No. *430*

P. O. Address *Liberty,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.