

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22180**

No. 300
10.48

FILED JUL 19 1954

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **744**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 52 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital		d. STREET ADDRESS (If rural, give location) St. Francis Hotel	

3. NAME OF DECEASED (Type or Print)	a. (First) Thomas	b. (Middle) M.	c. (Last) Paul	4. DATE OF DEATH (Month) (Day) (Year) June 29, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married	8. DATE OF BIRTH January 6, 1877	9. AGE (in years last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hour _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) M. D. Ret.		10b. KIND OF BUSINESS OR INDUSTRY Skin Specialist		11. BIRTHPLACE (State or foreign country) Philadelphia, Penn.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Paul	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE None
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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) Yes WW #1.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Margaret P. Ross, Colonial Hotel	ADDRESS Phila. Pa.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Accident - Acute		INTERVAL BETWEEN ONSET AND DEATH 2-4 hours	
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Old Cardio Vascular Renal Disease			Several yrs
	DUE TO (c) Old Hypertension			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity			<input checked="" type="checkbox"/>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 4/2 X	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) _____
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 **Feb.**, 19**48**, to **6-29**, 19**54**, that I last saw the deceased alive on **6-29**, 19**54**, and that death occurred at **7:55 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE Robert W. Zieher, M.D.	(Degree or title)	23b. ADDRESS St. Joseph, Missouri	23c. DATE SIGNED 6-30-54
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE July 2-1954	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG. July 10, 1954	REGISTRAR'S SIGNATURE Kathleen M. Allison	485	25. FUNERAL DIRECTOR'S SIGNATURE Meierlaffer Fleuman	ADDRESS St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 20 1952

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. _____

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working under my personal supervision.

Student ** ***
Student Embalmer

Signed Raymond D. Markes
Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

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.