

FILED NOV 5 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34037**  
Registrar's No. **4815**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>25 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>3552 Genessee 410</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>K.C. Tuberculosis Hospital</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-16-1954</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>M</u> c. (Last) <u>METTEE</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>2-29-1903</u>	
9. AGE (In years last birthday) <u>51</u>		10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Engineer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (State or foreign country) <u>Clatke Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Robert Mettee</u>	
13b. MOTHER'S MARRIEN NAME <u>Berkett</u>		14. NAME OF HUSBAND OR WIFE <u>Bethene Mettee</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>		16. SOCIAL SECURITY NO. <u>499-09-400</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Bethene Mettee</u>		ADDRESS <u>3552 Genessee</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b)		
		DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>0027</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 3-30 1954, to 10-16, 1954, that I last saw the deceased alive on 10-16, 1954 and that death occurred at 8:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE Edward P. Altomare (Degree or title) c. 23b. ADDRESS K.C. J.B. Hospital 23c. DATE SIGNED 10-16-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Oct. 18, 1954 24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah 24d. LOCATION (City, town, or county) (State) Kansas City Missouri

DATE REC'D BY LOCAL REG. 10-17-54 REGISTRAR'S SIGNATURE Neva Minshall 25. FUNERAL DIRECTOR'S SIGNATURE Gates Funeral Home, K.C. Kan. ADDRESS

WRITE PLAINLY—USING UNFAADING 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Guy J. Shelton*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4700

P. O. Address N. C. 11 mo

**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.