

FILED DEC 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37632
5244

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE OKLAHOMA b. COUNTY MUSKOGEE			
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 1 DAY		c. CITY OR TOWN MUSKOGEE		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 1008 OAK				STREET ADDRESS (If rural, give location) R # 3 Box 354 8359			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) PAUL		c. (Last) THOMAS		4. DATE OF DEATH (Month) (Day) (Year) 11 11 54	
5. SEX M ^o		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S		8. DATE OF BIRTH APRIL 7 1929	
9. AGE (In years last birthday) 25		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FRY COOK				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) ADOPTED (Not known)	
12. CITIZEN OF WHAT COUNTRY USA				13a. FATHER'S NAME EHAS R THOMAS		13b. MOTHER'S MAIDEN NAME BERTHA CRAWFORD	
14. NAME OF HUSBAND OR WIFE				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES UNKNOWN		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME CORONERS OFFICE				ADDRESS H.C. MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of death unknown		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbidity 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. Metastatic Epilepsy				3533	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Post Defused				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Hugh H. Owens (Degree or title) 3				23b. ADDRESS 1034 Peabody Bldg		23c. DATE SIGNED 11-12-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) REM		24b. DATE 10-12-54		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM		24d. LOCATION (City, town, or county) (State) MUSKOGEE, OKLA.	
DATE REC'D BY LOCAL REG. 11-12-54		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE SEBETOS		ADDRESS H.C. MO.	

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

7001 2-1-1919

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 *Forrest D. Caldwell*

Licensed Embalmer No. *471*

P. O. Address *K C M*

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.