

FILED APR 19 1955

STANDARD CERTIFICATE OF DEATH 3013 State File No. 11343

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

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5289 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>CLAY 1</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CLAY 6001</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>NORTH KANSAS CITY 201RS</u>		c. LENGTH OF STAY (in this place) <u>201RS</u>	c. CITY OR TOWN <u>NORTH KANSAS CITY</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>720 S. Woodland Drive</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Loyd</u> b. (Middle) <u>ERWIN</u> c. (Last) <u>Thomas</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 11 1955</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>JUNE 20 1907</u>
9. AGE (In years last birthday) <u>48 47</u>		9. AGE (If UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supt. AT & T</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>KEARNEY MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>O. E. THOMAS</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Gentry</u>		14. NAME OF HUSBAND OR WIFE <u>DOROTHY L. THOMAS</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>487-01-1658</u>	
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Kenneth Thomas 720 Woodland Dr.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) This does not mean 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>Coronary Occlusion acute</u> ANTECEDENT CAUSES 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.	
19a. MAJOR FINDINGS OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT OR SUICIDE OR 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 _____, 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 <u>D. J. Tate Esq. Coroner</u>		23b. ADDRESS <u>North Kansas City, Mo.</u>	
23c. DATE SIGNED <u>4/11/55</u>			
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>APR 14-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>White Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>CLAY CO MO</u>	
DATE REC'D BY LOCAL REG. <u>4-14-55</u>		REGISTRAR'S SIGNATURE <u>Marguerite Hudgens 494</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newcomin</u>		ADDRESS <u>Donor N. K. C. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

APR 27 1955

FEB 18 1958

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 *Glenn D. Hill*

Licensed Embalmer No... 450

P. O. Address... K.C. 16

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.