

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 19 1955

State File No. **15635**  
**1887**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY <b>Jackson</b>	
b. CITY OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>59 yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>		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 <b>1227 Drury</b>				STREET ADDRESS (If rural, give location) <b>1227 Drury</b>				<b>3228</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Olga</b>			b. (Middle) <b>E.</b>		c. (Last) <b>Thomas</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 28, 1955</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov. 6, 1895</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 1 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>--</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Flint, Michigan</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		
13a. FATHER'S NAME <b>August Shiller</b>			13b. MOTHER'S MAIDEN NAME <b>Agusta Nitsche</b>			14. NAME OF HUSBAND OR WIFE <b>John W. Thomas</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Marion Thomas</b>				ADDRESS <b>4920 Lemay Ferry</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of breast</b>						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) <b>Secondary metastasis</b>							
		DUE TO (c) <b>Broncho pneumonia terminal</b>						<b>170X</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Broncho pneumonia terminal</b>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of the breast - axillary metastasis</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)		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 <b>Mar 2, 1954</b> , to <b>April 28, 1955</b> , that I last saw the deceased alive on <b>April 19, 1955</b> , and that death occurred at <b>9:20 a.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Mervin J. Rumold</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>Blaga-Tunie-Bedy</b>			23c. DATE SIGNED <b>April 29, 55</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Apr. 30, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Green Lawn Ceme.</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>				
DATE REC'D BY LOCAL REG. <b>4-29-55</b>		REGISTRAR'S SIGNATURE <b>Merna Marshall</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Earp &amp; Sons 4139 Truman Rd. K.C.mo</b>				

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

*Dr. Rimoldi*  
*over Paul King*

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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..... *William H. Egan*

Licensed Embalmer No. *472*

P. O. Address *H. E. 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.