

FILED APR 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8453

BIRTH NO.		REG. DIST. NO. 393	PRIMARY REG. DIST. NO. 1002	Registrar's No. 1221
1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY JACKSON		
b. CITY OR TOWN KANSAS CITY, N. 12422		c. CITY OR TOWN KANSAS CITY		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 MUNICIPAL AIR PORT		e. STREET ADDRESS (If rural, give location) 43 3005 HARRISON 3439		
3. NAME OF DECEASED a. (First) ROBERT A. THOMAS (Type or Print)			4. DATE OF DEATH MAR 17 1956 (Month) (Day) (Year)	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Dec 7 1930	9. AGE (In years last birthday) 25 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) TWA MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Cassville Mo
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME MARLIN THOMAS		
13b. MOTHER'S MAIDEN NAME TRUDA HURT		14. NAME OF HUSBAND OR WIFE LUAN THOMAS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES KOREAN		16. SOCIAL SECURITY NO. 496-26-7610		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. LUAN THOMAS 3005 HARRISON N.E. MO
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple fractures, crushed head to chest ANTECEDENT CAUSES DUE TO (b) Airplane Crash - Single Eng P.T. 72 Ryan Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Municipal Airport		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City, N. Clay MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3 17 56 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Airplane crash
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 O.S. Pate (Degree or title) O.S. Pate M.D. (Crisman)		23b. ADDRESS North Kansas City, MO		23c. DATE SIGNED 3/17/56
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 3-20-56		24c. NAME OF CEMETERY OR CREMATORY Seligman Cem
24d. LOCATION (City, town, or county) (State) Seligman MO.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. NEWCOMER'S No. K.P. 16 MO		
DATE REC'D BY LOCAL REG. 3-19-56		REGISTRAR'S SIGNATURE neva minshall		

(Licensed Embalmer's Statement on Reverse Side)

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

151-1450

APR 6 1956

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 *John Walsbeck*
Licensed Embalmer No. *794*
P. O. Address *No. Kansas*

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.