No. 300
10.48

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

FILED APR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13622

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 177

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence
c. LENGTH OF STAY (in this place): 11 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Independence
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐: yes
e. STREET ADDRESS (If rural, give location): 1413 S. Pearl 700 S

3. NAME OF DECEASED (Type or Print)
a. (First): Diana
b. (Middle): Frances
c. (Last): Tomlinson

4. DATE OF DEATH (Month) (Day) (Year): April 16, 1956

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): child
8. DATE OF BIRTH: Sept. 1, 1944
9. AGE (In years last birthday): 11 — 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): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and State or Foreign Country): Independence, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Willard J. Tomlinson
13b. MOTHER'S MAIDEN NAME: Claire Reagin
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Claire Baird, 1413 S. Pearl Independence 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Paralysis — INTERVAL BETWEEN ONSET AND DEATH: 2 hr(?)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Central nerve depression
DUE TO (c) Post Encephalatic degeneration 10 yrs

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* (1) Encephalitis Lethargica at 8 months of age with cerebral degeneration (2) Pneumonia one week ago 0833

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/9/ *19*56, *to* 4/16, *19*56, *that I last saw the deceased alive on* 4/16, *19*56, *and that death occurred at* 12:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. L. Whetstone D.O.
23b. ADDRESS: Independence Mo
23c. DATE SIGNED: 4/16/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/18/56
24c. NAME OF CEMETERY OR CREMATORY: Mt. Washington Cem.
24d. LOCATION (City, town, or county) (State): Kansas City, Mo.

DATE REC'D BY LOCAL REG.: 4-17-56
REGISTRAR'S SIGNATURE: James Gray
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Geo. C. Carson — Independence, Mo.

(License Embalmer's Statement on Reverse Side)

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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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Harold E. Woodre

Licensed Embalmer No. 46

P. O. Address Indgo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.