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0.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20755**  
**2316**

FILED JUN 25 1956  
BIRTH NO. 5757 38958-56 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived) (If institution, give name of institution) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Beausas City, Mo</u>		c. CITY OR TOWN <u>Beausas City, Mo</u>	
c. LENGTH OF STAY (in this place) <u>20 min</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lake Side Hospital</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		e. STREET ADDRESS (If rural, give location) <u>4415-Carolane North</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Randy</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Thomas</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 15, 1956</u>		
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5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>April 15, 1956</u>		9. AGE (In years last birthday) <u>20</u>		IF UNDER 1 YEAR Months Days Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
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13a. FATHER'S NAME <u>Robert Thomas</u>			13b. MOTHER'S MAIDEN NAME <u>Betty Ward</u>			14. NAME OF HUSBAND OR WIFE <u>none</u>		
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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>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert Thomas 4415-Carolane North</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Monstruosity</u>						INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						DUE TO (b) _____	
		DUE TO (c) _____						750K	
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"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 4-15, 1956, to 4-15, 1956, that I last saw the deceased alive on 4-15, 1956, and that death occurred at 4:05 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. L. Johnson</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Washburn Mo</u>		23c. DATE SIGNED <u>5/23/56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>4-15-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>X-C-College of Osteopathy - K-C-Mo.</u>		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. <u>5-25-56</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>X-C-College of Osteopathy</u>		ADDRESS <u>X-C-Mo.</u>	
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Body donated to pathological museum of the Kansas City College of Osteopathy and Surgery

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

of Osteopathy and Surgery

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.....

Licensed Embalmer No.....

P. O. Address.....

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.