

FILED SEP 11 1956

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 21178 3616

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION V. A. HOSPITAL		d. STREET ADDRESS (If outside, give location) 6934 Bellefontaine	

3. NAME OF DECEASED (Type or print) First Middle Last FRANK L. THOMASON			4. DATE OF DEATH Month Day Year 8 24th 1956			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-17-90	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY K.C. PUBLIC SERVICE Co.		11. BIRTHPLACE (City and state or country) Williamsburg, W. Va.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME JACOB B. Thomason			14. MOTHER'S MAIDEN NAME SARAH McClung			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes 3-4-18 to 4-10-19			16. SOCIAL SECURITY NO. 495-05-2709		17. INFORMANT VA Hospital, VA Hospital Records, Kansas City, Mo.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Meningo-encephalomyelitis, Virus</u>		INTERVAL BETWEEN ONSET AND DEATH 9 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Cirrhosis of liver</u>		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from August 8 1956 to August 15, 1956 and last on 8-15-56		
✓ Death occurred at 8:08 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE IRWIN JOFFE, M.D.	22b. ADDRESS VA Hospital, Kansas City, Mo	22c. DATE SIGNED 8-16-56

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE AUG. 18, 1956	23c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR O. H. Newcomer's Sons, Kansas City, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 8-17-56	26. REGISTRAR'S SIGNATURE Neva Minshel

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Basil V. Honey*.....

Licensed Embalmer No. *H.*

P. O. Address *T.C.*

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