

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41768

STATE FILE NUMBER

5551

FILED JAN 14 1957

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) OR TOWN Kansas City			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4429 Garfield				Length of stay in hospital 29 YEARS		d. STREET ADDRESS (If outside, give location) 4429 Garfield		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Elma			First Elma		Middle Thomas		Last Thomas	
4. DATE OF DEATH Month 12 Day 20 Year 1956		5. SEX FEMALE		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		
8. DATE OF BIRTH April 2, 1905		9. AGE (In years last birthday) 51		10. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and state or country) Corkey, Missouri		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and state or country) Corkey, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Rufus SCRIVNER				14. MOTHER'S MAIDEN NAME JENNIE BARNHART				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 513-09-1194		17. INFORMANT MRS Nellie Hixley		Address K.C. Mo. 4429 Garfield		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic carcinoma of lungs with multiple pulmonary thrombi Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Primary site endometrium DUE TO (c) J							INTERVAL BETWEEN ONSET AND DEATH 172X	
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 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 2-19-55 to 9-12-56 and last saw ^{her} _{him} alive on 9-12-56 <input checked="" type="checkbox"/> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE B. I. Burns (Degree or title) M.D.				22b. ADDRESS 24th & Cherry		22c. DATE SIGNED 12-21-56		
23a. BURIAL, CREMATION, OR OTHER DISPOSAL BURIAL		23b. DATE 12-22-56	23c. NAME OF CEMETERY OR CREMATORY Osborn Memorial Cemetery		23d. LOCATION (City, town, or county) (State) Joplin, Missouri			
24. FUNERAL DIRECTOR D.W. Newcomer ADDRESS 1331 K.C. Mo. 28th & Oak Blvd			25. DATE RECD BY LOCAL REG. 12-22-56		26. REGISTRAR'S SIGNATURE Heva Marshall			

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

...
-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 *Chester K Brauer*.....

Licensed Embalmer No. *4*.....

P. O. Address *KE*.....

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.