. Health,
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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-036655
STATE FILE NUMBER

FILED NOV 14 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4998

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN: KANSAS City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: 645 WEST 99th ST. — Length of stay in 1b: 43 YEARS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 645 WEST 99TH ST. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: ROSE Middle: Last: THOMAS
4. DATE OF DEATH: Month: October Day: 21 Year: 1958
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: FEB. 16, 1869
9. AGE (In years last birthday): 89 — 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): RETIRED CHIROPODIST
10b. KIND OF BUSINESS OR INDUSTRY: 1333 LINWOOD BLVD
11. BIRTHPLACE (City and state or country): PENDLETON Co., KANSAS
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME: JOHN W. KENNEDY
13b. MOTHER'S MAIDEN NAME: ANNA Million
14. NAME OF HUSBAND ~~OR WIFE~~: REV. G.W. THOMAS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): - - - - -
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: DR. FRANCES T. VAUGHN — Address: 645 W. 99th ST. KANSAS City, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Accident — 18 hours
DUE TO (c) Cerebral " — 4 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility 331 X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 1930 to 10-21-58 and last saw her/him alive on 10-21-58.
Death occurred at 11:45A on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: A. E. Vaughn (Degree or title) D.C. 2
22b. ADDRESS: 1333 Linwood
22c. DATE SIGNED: 10-22-58

23a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION
23b. DATE: Oct. 24-1958
23c. NAME OF ~~CEMETERY OR~~ CREMATORY: D.W. NEWCOMER'S SONS
23d. LOCATION (City, town, or county) (State): KANSAS City MISSOURI
24. FUNERAL DIRECTOR: D.W. NEWCOMER'S SONS
ADDRESS: 1333 BRUSH CREEK K. C., MO.
25. DATE RECD. BY LOCAL REG.: 10-23-58
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

A.E. Vaughn

Rec 1-5-323

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 Vern Lawler

Licensed Embalmer No. 4915

P. O. Address K.C. Mo.

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.