

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044437  
STATE FILE NUMBER  
5796

FILED DEC 30 1958

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

300  
-57

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| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Jackson</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN<br><b>Kansas City</b>        |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN<br><b>248 Kansas City</b>                           |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><b>2321 Quincy</b> |  | Length of stay in lb<br><b>50 yrs.</b>   | d. STREET ADDRESS (If outside, give location)<br><b>2321 Quincy</b> |

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| 3. NAME OF DECEASED<br>(Type or print)<br><b>Luther Thomason</b> |  |  | 4. DATE OF DEATH<br>Month Day Year<br><b>Dec. 7, 1958</b> |  |  |
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|-----------------------|----------------------------------|---|--|--|---|--------------------------------|
| 5. SEX<br><b>Male</b> | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Dec. 21, 1874</b> | 9. AGE (In years last birthday)<br><b>83</b> | IF UNDER 1 YEAR<br>Months Days Hours Min. | IF UNDER 24 HRS.<br>Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Night Watchman</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Missouri Plating</b> | 11. BIRTHPLACE (City and state or country)<br><b>Saline City, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b> |
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| 13a. FATHER'S NAME<br><b>J. D. Thomason</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Belle Thomason</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Maurine E. Thomason</b> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b> | 16. SOCIAL SECURITY NO.<br><b>496-10-5969</b> | 17. INFORMANT<br><b>Maurine E. Thomason</b> | Address<br><b>2321 Quincy</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> |                                     | INTERVAL BETWEEN ONSET AND DEATH<br><b>12 hrs.</b>  |               |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <b>Arterio sclerosis</b> |   | <b>10 yrs</b> |
|  | DUE TO (c)                          |   |               |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>4201</b>           |                                     | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |               |

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| 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.) |
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| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m. | 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<br>COUNTY STATE |
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| 21. I attended the deceased from <b>10-15-58</b> to <b>12-7-58</b> and last saw him alive on <b>12-1-58</b><br>Death occurred at <b>1115</b> <b>Am</b> on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE<br><b>W. F. Spiller</b> (Degree or title) | 22b. ADDRESS<br><b>6614 Montgolf</b> | 22c. DATE SIGNED<br><b>12-8-58</b> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b> | 23b. DATE<br><b>Dec. 9, 1958</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Ridge Park Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>Marshall, Missouri</b> |
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| 24. FUNERAL DIRECTOR<br><b>Earp &amp; Sons 4707 Truman Rd. K. C. Mo.</b> | 25. DATE RECD. BY LOCAL REG.<br><b>12-8-58</b> | 26. REGISTRAR'S SIGNATURE<br><b>Neva Minshall</b> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
W. F. Spiller  
All diseases in Part I must be causally related.

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 *John B. Camp* .....  
Licensed Embalmer No. *2955* .....  
P. O. Address *19 C. 948* .....

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.