

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005927
STATE FILE NUMBER

FILED MAR 11 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1002

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-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside Corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i>
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Mary Hosp</i>		Length of stay in lb <i>36 yrs</i>	d. STREET ADDRESS (If outside, give location) <i>821 N Prospect</i>
3. NAME OF DECEASED (Type or print) First <i>SAM</i> Middle <i>M</i> Last <i>THRESHER</i>		4. DATE OF DEATH Month <i>2</i> Day <i>19</i> Year <i>1959</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>10-4-1914</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Truck Driver</i>		10b. KIND OF BUSINESS OR INDUSTRY <i></i>	11. BIRTHPLACE (City and state or country) <i>Fogel, Okla</i>
12a. FATHER'S NAME <i>John W. Thresher</i>		12b. MOTHER'S MAIDEN NAME <i>Minnie Curtis</i>	12c. NAME OF HUSBAND OR WIFE <i>Helen Thresher</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give date of service) <i>yes 1942</i>		16. SOCIAL SECURITY NO. <i>492-18-3855</i>	17. INFORMANT Address <i>Helen Thresher Ke Mo</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Shock & Hemorrhage</i> DUE TO (b) <i>Fractured Ribs Ruptured Spleen</i> DUE TO (c) <i></i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i></i>			INTERVAL BETWEEN ONSET AND DEATH <i></i>
20a. ACCIDENT <input checked="" 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.) <i>Caught between front & rear truck</i>		
20c. TIME OF INJURY Hour <i>2-1959</i> a.m. <i></i> p.m. <i></i>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Dock</i>		
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>Kansas City Jackson MO.</i>		
21. I attended the deceased from _____, to _____, and last saw him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Hugh H. Owens</i>		22b. ADDRESS <i>1034 Rialto Bldg</i>	22c. DATE SIGNED <i>5-30-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>2-23-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Maple Hill Cem</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City, Kans</i>
24. FUNERAL DIRECTOR ADDRESS <i>Pascantino Bros Ke Mo</i>		25. DATE RECD. BY LOCAL REG. <i>2-22-59</i>	26. REGISTRAR'S SIGNATURE <i>news minshall</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Hugh H. Owens

All diseases in Part I must be causally related.

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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 *Leonard Passanturo*

Licensed Embalmer No. *4554*
P. O. Address *Kemo*

. 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.