

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-015506

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2375 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED MAY 14 1962**

VS 300  
Rev. 4/59

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DATE AMENDED

5-8-62

10.2.2-62

MISSOURI, JACKSON, KANSAS CITY

4617 Jefferson Apt 401

Widowed + John Thomas

Funeral Director

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)   |  |
| a. COUNTY <b>Jackson</b>  |   | a. STATE <u>Mo., Calif.</u> COUNTY <u>Jackson</u>   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>   |   | c. CITY OR TOWN <u>Kansas City</u> <u>Oakland</u>   |  |
| Length of stay in 1b<br><b>40 Day</b>   |   | d. STREET ADDRESS (If outside, give location)<br><b>4617 Jefferson Apt.</b>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Research Hosp.</b>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| 3. NAME OF DECEASED (Type or print) First Middle Last<br><b>LUCILE S. THOMAS</b>  |   |   | 4. DATE OF DEATH<br><b>4 - 28 1962</b>   |
| 5. SEX<br><b>Fe.</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>8-23-1897</b>   |
| 9. AGE (last birthday)<br><b>64</b>   |   | IF UNDER 1 YEAR<br>Months Days  | IF UNDER 24 HR.<br>Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Head Resident</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>College</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Mo.</b>   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b>  |   | 13a. FATHER'S NAME<br><b>George Stout</b>   |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Annetta Stafford</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Divorced John Thomas</b>  |  |
| 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>[Redacted]</b>  |  |
| 17. INFORMANT<br><b>d Christine Lewis, Sister</b>   |   | 4617 Jefferson<br><b>K. C. MO.</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Metastatic Grade III - Papillary Adenocarcinoma 2 months</b> |   |   | INTERVAL BETWEEN ONSET AND DEATH   |
| DUE TO (b) <b>Papillary Adenocarcinoma (of ovary?)</b>  |   |   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br><b>Biopsy from left supraclavicular node - Feb 1962 reported as breast.</b> |   |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal condition (a) <b>Advanced pulmonary metastases by X-Ray - Feb 1962</b>        |   |   | 18. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 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<br>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 <b>4-7-1962</b> to <b>4-28-1962</b> and last saw her alive on <b>4-27-1962</b>   |   | Death occurred at <b>12:30 PM</b> on the date stated above, and to the best of my knowledge from the causes stated.   |  |
| 22a. SIGNATURE<br><b>Carl R. Ferris MD</b>  |   | 22b. ADDRESS<br><b>535 Argyle Bldg<br/>Kansas City 6 mo</b>   |  |
| 22c. DATE SIGNED<br><b>4-28-62</b>  |   | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |  |
| 23b. DATE<br><b>4-30-1962</b>   |   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Evergreen Cem.</b>   |  |
| 23d. LOCATION (City, town, or county)<br><b>Colorado Springs</b>  |   | 23e. STATE<br><b>CO</b>   |  |
| 24. FUNERAL DIRECTOR<br><b>Stine &amp; McClure KC MO.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>4-30-62</b>  |  |
| 26. REGISTRAR'S SIGNATURE<br><b>Ruth Long</b>   |   |   |  |

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

MEDICAL CERTIFICATION

555 Angyle Bldg  
VI. 2-8223  
New Till 5:30

**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 *Orville Robertson*

Licensed Embalmer No. 4232

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.