

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010886
STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 59

FILED MAR 25 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59	DATE AMENDED	
1 <u>6004</u>	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	
2 <u>6008</u>		
3		
4 <u>0</u>		
5 <u>1</u>		
6		
7 <u>1</u>		
8 <u>1</u>		
9 <u>178X</u>		
10		
11		
12 <u>6-0</u>		
13 <u>2-0</u>		
ITEM NO.	SHOULD READ	
BY AFFIDAVIT OF		

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>North Kansas City</u>		Length of stay in 1b <u>15 Yrs.</u>	c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>W.K.C. Memorial Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2921 E. 54th Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Thomas James Tanan</u>			4. DATE OF DEATH Month Day Year <u>March 15, 1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE-- <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-30-1938</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Appr. Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Otis Elevator</u>	9. AGE (last birthday) <u>24</u> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <u>Chicago, Illionis</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John G. Tanan</u>		13b. MOTHER'S MAIDEN NAME <u>Ora E. Griffis</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Barbara Tanan</u>		17. INFORMANT Address <u>Mrs. Barara Tanan-2921 E. 54th St. K.C.19, Mo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>METASTATIC CARCINOMA</u> DUE TO (b) <u>EMBRYONIC CARCINOMA AT TESTIS</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u> <u>9 months</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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 <u>July 12, 1962</u> to <u>MARCH 15, 1963</u> and last, saw him alive on <u>MARCH 15, 1962</u> Death occurred at <u>5:25 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (By name or title) <u>Dr. B. Comer Bates MD</u>		22b. ADDRESS <u>5140 Antioch Road Kansas City, Mo</u>	
22c. DATE SIGNED <u>3/18/63</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-18-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>White Chapel Mem. Gardens</u>	
23d. LOCATION (City, town, or county) <u>Gladstone, Missouri</u>			
24. FUNERAL DIRECTOR ADDRESS <u>D.W. Newcomer's Sons-North Kansas City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-18-63</u>	26. REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>

Dr. S. Corwin Bates M.D.
5140 Antioch Road
St. Louis 3-3100

MAR 26 1963

after 12:00 p.m.

JAN 9 1964

2511 E. 24th Street

N.K.C. Memorial Hospital

1963

8-30-1963 ST

White

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 S. Henrich

Licensed Embalmer No. 4848

P.O. Address S. E. 17, 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.

D.W. Newcomer's Sons-North Kansas City, Mo.