MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-63-016306

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2293

FILED APR 29 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: 5 YRS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 911 MICHIGAN — Inside Limits: Yes ☒ No ☐

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 ☒ No ☐
d. STREET ADDRESS (If outside, give location): 912 EUCLID #310 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First BENJAMIN Middle W. Last THOMAS
4. DATE OF DEATH: Month 4 Day 14 Year 1963
5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. Married ☐ Widowed ☐ Never Married ☒ Divorced ☐
8. DATE OF BIRTH: 6-17-1932
9. AGE (last birthday): 30 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: MISC.
11. BIRTHPLACE (City and state or country): WARRENSBURG MO
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: CHARLES CARROLL
13b. MOTHER'S MAIDEN NAME: JEAN THOMAS
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi[illegible]): UNKNOWN
16. SOCIAL SECURITY NO.:
17. INFORMANT: JEAN THOMAS — Address: K.C., MO.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Pulmonary Congestion

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Myocardial Insufficiency

DUE TO (c): Acute Indigestion

INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
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 _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L. M. Tillman M.D. Deputy Coroner
22b. ADDRESS: 1618 Lydia WVE.
22c. DATE SIGNED: 4/15/63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 4-17-1963
23c. NAME OF CEMETERY OR CREMATORY: SUNSET
23d. LOCATION (City, town, or county) (State): WARRENSBURG, MO.

24. FUNERAL DIRECTOR — ADDRESS: SWEENY-PHILLIPS, WARRENSBURG, MO.
25. DATE RECD. BY LOCAL REG.: 4-16-63
26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION: L. M. Tillman

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 Millard B. Parkins

Licensed Embalmer No. 5013

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.