DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 23 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41218

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 144.

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chullicothe hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution two days, (Specify whether
In this community two days, years, months or days)

2. USUAL RESIDENCE OF DECEASED: 17
(a) State Missouri. (b) County Carroll 0
(c) City or town Hale, Missouri. RFD 0
(If outside city or town limits, write "RURAL")
(d) Street No. 8 mileswest of Hale,
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country xx 1

3. (a) PRINT FULL NAME Thomas C. Fields.
3. (b) If veteran, name war xx
3. (c) Social Security No. xx
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife Lucy Fields,
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased October (Month) 31st, (Day) 1859 (Year)

8. AGE: Years 87 Months 0 Days 28 If less than one day hr. min.

9. Birthplace Carroll County, Missouri. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Farming.
11. Industry or business
FATHER
12. Name Joseph Fields, 9
13. Birthplace dont know, 9
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah, dont know 9
15. Birthplace dont know 9
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs Sarah Plummer, 1
(b) Address Avalon, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/30/1946 (Month) (Day) (Year)
(c) Place: burial or cremation Coloma, cem.
18. (a) Signature of funeral director Clifford W. Austin,
(b) Address Tina, Missouri.
19. (a) Nov-30-46 (Date received local registrar) (b) Frances B. Neill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29th year 1946 hour 7:00 minute A. M.
21. I hereby certify that I attended the deceased from 28 nov 1940, to 29 nov 1946; that I last saw him alive on 28 Nov 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Insufficiency	2 day
Due to: Chest Injury - Auto accident - Fractured ribs - Internal	
Due to: Injuries	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 059
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 27 november 1946
(c) Where did injury occur? Hale (City or town) Livingston (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 36 (Specify type of place)
While at work? (e) Means of injury 0
23. Signature V O Vandeur (M. D. or other)
Address Chillicothe, Mo. Date signed 29 Nov 46

171 (Licensed Embalmer's Statement on Reverse Side) Call. with other M. Deb

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

40067

DISTRICT HEALTH OFFICE
Chillicothe, Mo.

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Clifford W. Austin

Licensed Embalmer No. #3233

P. O. Address Tina, Missouri.

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 this body is not embalmed, fact should be so stated above.