

FILED JUL 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20732
State File No.
Registrar's No. 36

BIRTH NO. _____ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 4249

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If notification: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bellevue</u> c. LENGTH OF STAY (in this place) <u>10 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bellevue Mo. 0500</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cedar Grove Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) THOMAS EDWARD WILLIAMS
 a. (First) THOMAS b. (Middle) EDWARD c. (Last) WILLIAMS

4. DATE OF DEATH June 18 1950
 (Month) (Day) (Year)

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH Dec. 21, 1869
 9. AGE (in years last birthday) 80 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Jefferson Co. Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME London William 13b. MOTHER'S MAIDEN NAME Margaret Ann Marie 14. NAME OF HUSBAND OR WIFE Emma Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Lola Ziske ADDRESS Salem Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of rectum</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 to 12 months</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____		
	DUE TO (c) _____		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Generalized arteriosclerosis with arteriosclerotic heart disease</u>	
19c. DATE OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from August, 1949, to June 18, 1950, that I last saw the deceased alive on June 16, 1950, and that death occurred at 3 1/2 p.m., from the causes and on the date stated above.

23a. SIGNATURE Thomas A. Donnell M.D. (Degree or title) 23b. ADDRESS Desoto, Mo. 23c. DATE SIGNED 6-20-50

24a. BURIAL, CREMATION, REMOVAL (Specify) buried 24b. DATE June 20 1950 24c. NAME OF CEMETERY OR CREMATORY Bellevue Cemetery 24d. LOCATION (City, town, or county) (State) Bellevue Mo

DATE REC'D BY LOCAL REG. June 20 1950 REGISTRAR'S SIGNATURE Salem, Missouri 25. FUNERAL DIRECTOR'S SIGNATURE Donnell B. Dietrich ADDRESS Adts Mo

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 7-1-50

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 _____

Percy F. Milster

Student Embalmer No. *346*

working under my personal supervision

Student

Percy F. Milster
Student Embalmer

Signed

Ornell B. Dietrich

Licensed Embalmer No. *4184*

P. O. Address

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