

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42357**

FILED JAN 15 1952

BIRTH NO. _____ REG. DIST. NO. **229** PRIMARY REG. DIST. NO. **5809** Registrar's No. **34**

1. PLACE OF DEATH a. COUNTY Montgomery Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri. b. COUNTY Montgomery Co.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bluffton, Mo. Danville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bluffton, Mo. Rural Danville	
c. LENGTH OF STAY (in this place) all of life		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution: give exact address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) Tilliam Andrew Thomas			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH Dec 19th 1951			
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Dec 16th, 1874			9. AGE (In years last birthday) 77		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) North of Americus, Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.			

13a. FATHER'S NAME Charlie Jordan Thomas			13b. MOTHER'S MAIDEN NAME Unknown			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 service) 0				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Annie Clark, New Florence, Mo.					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION										INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____											

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201										20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) Americus Montgomery MO							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?							

22. I hereby certify that I attended the deceased from **10 Jan 1952** to _____, 19____, that ~~I attended~~ the deceased alive on **10 Dec 1951**, and that death occurred at **5:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clement W. Linn				23b. ADDRESS Montgomery Co. Mo				23c. DATE SIGNED 10 Jan 52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 12th 1952		24c. NAME OF CEMETERY OR CREMATORY Gregory Cemetery				24d. LOCATION (City, town, or county) (State) Near Danville Mo			
DATE REC'D BY LOCAL REG. 1-11-52		REGISTRAR'S SIGNATURE James O. John				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edgar Baker, Americus					

(Licensed Embalmer's Statement on Reverse Side)

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

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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
Student Embalmer

Signed

B B Baker

Licensed Embalmer No. 3375

P. O. Address Americus, 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.