

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42700**

12-29-53
FILED DEC 29 1953

REG. DIST. NO. **382** PRIMARY REG. DIST. NO. **5543** Registrar's No. **28**

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

1. PLACE OF DEATH a. COUNTY HOWARD		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY OR TOWN RURAL BOONSLICK		c. CITY OR TOWN Rural Boonslick	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1/2 mi E. Boonsboro MO		d. STREET ADDRESS (If rural, give location) 1/2 mi East Boonsboro	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM BARTLETT b. (Middle) THOMAS c. (Last) THOMAS			4. DATE OF DEATH (Month) (Day) (Year) DEC. 16, 1953
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 11 1860
9. AGE (In years last birthday) 93	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING	10b. KIND OF BUSINESS OR INDUSTRY HIS FARM	11. BIRTHPLACE (City and State or Foreign Country) Greenbrier Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME FRANKLIN THOMAS	13b. MOTHER'S MAIDEN NAME JANE MARCUM
14. NAME OF HUSBAND OR WIFE ELIZABETH A. HILL		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME Raymond M. Thomas FRANKLIN			18. CAUSE OF DEATH
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			19. INTERVAL BETWEEN ONSET AND DEATH 3 wks.
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy & hemiplegia (rit)			19. INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
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 334 X	
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) (m.)		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 Nov 19, 1953 , to Dec 16, 1953 , that I last saw the deceased alive on Dec 16, 1953 , and that death occurred at 9 A m. , from the causes and on the date stated above.			
23a. SIGNATURE W. Beech J. M.D. (Degree or title)		23b. ADDRESS Fayette Mo	
23c. DATE SIGNED 12/20/53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Dec 18, 1953		24c. NAME OF CEMETERY OR CREMATORY Boonsboro	
24d. LOCATION (City, town, or county) (State) Boonsboro MO.		25. FUNERAL DIRECTOR'S SIGNATURE Walker Audsley ADDRESS Glasgow MO.	
DATE REC'D BY LOCAL REG. 12/20/53		REGISTRAR'S SIGNATURE Walker Audsley ADDRESS Glasgow MO.	

DEC 30

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 *J. Walker Audsley*
Licensed Embalmer No. *3336*

P. O. Address *Glasgow 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.