

FILED DEC 22 1954

STANDARD CERTIFICATE OF DEATH

State File No. 40007

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 737

1. PLACE OF DEATH a. COUNTY ADAIR		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Lewis	
b. CITY (If outside corporate limits, write RURAL and give town) Kirksville c. LENGTH OF STAY (in this place) 1 week		c. CITY OR TOWN La Belle d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin		f. STREET ADDRESS (If rural, give location) 6 mi south La Belle Mo	

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) E c. (Last) Williams	4. DATE OF DEATH (Month) (Day) (Year) 12 14 1954
----------------------------------------------------------------------------------------------------------------	---------------------------------------------------------

5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6-26-1875	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
--------------------	-------------------------------	-----------------------------------------------------------------------	-----------------------------------	-------------------------------------------	------------------------	------------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Stephenville Mo	12. CITIZEN OF WHAT COUNTRY? USA
------------------------------------------------------------------------------------------------------------	-----------------------------------	---------------------------------------------------------------------------	-----------------------------------------

13a. FATHER'S NAME JAS. THOMAS Williams	13b. MOTHER'S MAIDEN NAME Ester Hook	14. NAME OF HUSBAND OR WIFE Jessie L. Williams
------------------------------------------------	---------------------------------------------	-------------------------------------------------------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Jessie L. Williams ADDRESS La Belle 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary Thrombosis (myocardial infarction)		INTERVAL BETWEEN ONSET AND DEATH 7 days
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.			4201

19a. DATE OF OPERATION	19b. MAJOR FINDINGS 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 <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 **Dec 6, 1954**, to **Dec 14, 1954**, that I last saw the deceased alive on **Dec 14, 1954**, and that death occurred at **5:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE D. J. Rhoads, D.O. (Degree or title)	23b. ADDRESS Perksville, Mo	23c. DATE SIGNED 12-14-54
------------------------------------------------------------	------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 12-17-54	24c. NAME OF CEMETERY OR CREMATORY New Ark Cem.	24d. LOCATION (City, town, or county) (State) New Ark Mo.
-------------------------------------------	---------------------------	--------------------------------------------------------	------------------------------------------------------------------

DATE REC'D BY LOCAL REG. 12-16-54	REGISTRAR'S SIGNATURE Kate Lambert 1-0	25. FUNERAL DIRECTOR'S SIGNATURE Thomas Ball ADDRESS La Belle Mo
------------------------------------------	-----------------------------------------------	--------------------------------------------------------------------------------

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

64/3
2

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 *Thomas Ball*.....

Licensed Embalmer No. *174*

P. O. Address *Ewing*.....

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.