

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5842

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>5992</u>		Registrar's No. <u>8</u>			
1. PLACE OF DEATH a. COUNTY Putnam				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL--Unionville Lincoln			c. LENGTH OF STAY (in this place) da		c. CITY OR TOWN Kirksville		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION home of Oris Stover--Rural				e. STREET ADDRESS (If rural, give location) 608 E. Cottonwood St.,				0013	
3. NAME OF DECEASED (Type or Print) Thomas			a. (First)		b. (Middle) R.		c. (Last) Williams		
4. DATE OF DEATH (Month) (Day) (Year) Mar. 6, 1955			5. SEX M			6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Nov. 28, 1882			9. AGE (In years last birthday) 72		10. IF UNDER 1 YEAR Months 3		11. IF UNDER 24 HRS. Days 8		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Gentry Co., Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME S. R. Williams			13b. MOTHER'S MAIDEN NAME X			14. NAME OF HUSBAND OR WIFE Bertha Richardson Williams			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X			16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME Mrs. Wayne Shinn, Kirksville, Mo.				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		ANTECEDENT CAUSES DUE TO (b) arterio-sclerosis & hypertension						years	
*This does not mean the mode of dying, such as heart failure, ashenia, 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 4201						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 <u>March, 1955</u> to <u>March, 1955</u> , that I last saw the deceased alive on <u>March, 1955</u> , and that death occurred at <u>10:30 p.m.</u> from the causes and on the date stated above.									
23a. SIGNATURE Chas L. Judd Doz				23b. ADDRESS (Signature or title) Unionville, Mo.		23c. DATE SIGNED 3/7/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/9/55		24c. NAME OF CEMETERY OR CREMATORY GrandView.		24d. LOCATION (City, town, or county) (State) Albany, Missouri			
DATE REC'D BY LOCAL REG. 3-12-55		REGISTRAR'S SIGNATURE Maxwell Durbin		25. FUNERAL DIRECTOR'S SIGNATURE L.G. J. J. J.		ADDRESS Kirksville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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 *George W. Darr*.....

Licensed Embalmer No. *479*.....

P. O. Address *Kipskill*.....

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.