

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12459**
459BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before and in/belongs to) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 9 years		e. STREET ADDRESS (If rural, give location) 1203 Pacific Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri Methodist Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) T. c. (Last) THACKER			4. DATE OF DEATH (Month) (Day) (Year) April 22, 1956		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH September 12, 1886	9. AGE (in years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. farmer		10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and State or Foreign Country) Frazier, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME William R. Thacker		13b. MOTHER'S MAIDEN NAME Nancy J. Fiddler		14. NAME OF HUSBAND OR WIFE Anna Thacker	
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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. 500-07-7380		17. INFORMANT'S SIGNATURE OR NAME Mrs. William Thacker, 1203 Pacific, St. Joseph,		ADDRESS St. Joseph,	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro Vascular Accident (b) Arteriosclerotic Cardiovascular Renal disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 da ?	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **29**, 19**55**, to **4-22**, 19**56**, that I last saw the deceased alive on **4-22**, 19**56**, and that death occurred at **8:25 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Wm B. Robinson		(Degree or title)		23b. ADDRESS 316 No 10th St Joseph, Mo.		23c. DATE SIGNED 4-24-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4/24/1956		24c. NAME OF CEMETERY OR CREMATORY Frazier Cemetery		24d. LOCATION (City, town, or county) (State) Buchanan County, Missouri	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Apr 27, 1956 Kathleen M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Heston Bowman		ADDRESS St Joseph, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

Alb. Grant

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 *Richard D. Ellis*

Licensed Embalmer No. *49*
319 So. 10th St.
P. O. Address *Alb. Grant*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.