

STANDARD CERTIFICATE OF DEATH

State File No. **32872**

FILED SEP 25 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **940** PRIMARY REG. DIST. NO. **3075** Registrar's No. **86**

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dexter</b>		c. CITY OR TOWN <b>Dexter</b>	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) <b>Life</b>		e. STREET ADDRESS (If rural, give location) <b>801 N. Locust</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>801 N. Locust St.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>William</b>	b. (Middle) <b>Jefferson</b>	c. (Last) <b>Thomasson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 17, 1956</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>July 30, 1861</b>	9. AGE (In years last birthday) <b>95</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>laborer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Stoddard Co., Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Marcus Thomasson</b>	13b. MOTHER'S MAIDEN NAME <b>Mary K. Campbell</b>	14. NAME OF HUSBAND OR WIFE <b>deceased</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Albert Thomasson</b>	ADDRESS <b>Dexter, Mo.</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Heart Disease</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>General Arteriosclerosis</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 _____	<b>4500</b>	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) (m.) _____	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 **April 1956**, to **Sept. 17, 1956**, that I last saw the deceased alive on **Sept. 16, 1956**, and that death occurred at **9:00** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>S. S. Hlavir M.D.</b>	23b. ADDRESS <b>Dexter Mo.</b>	23c. DATE SIGNED <b>9-20-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>9-19-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Dexter cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Dexter, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>9-20-56</b>	REGISTRAR'S SIGNATURE <b>Delma H. Jenkins</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins &amp; Sons</b>	ADDRESS <b>Dexter, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

409.

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... *Marsh Watkins* .....

Licensed Embalmer No. *4717*

P. O. Address *Dallas 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.