

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-037069**

**FILED VS NOV 2 1959**

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 137

WITNESSED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Pemiscot</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti</u> Length of stay in 1b <u>12 Weeks</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u> c. CITY OR TOWN <u>Caruthersville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>Route One</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
<b>3. NAME OF DECEASED</b> (Type or print) First <u>William</u> Middle <u>"Bill"</u> Last <u>Thomason</u>				<b>4. DATE OF DEATH</b> Month <u>October</u> Day <u>9</u> Year <u>1886</u>							
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>1886</u>		<b>9. AGE</b> (last birthday) <u>73</u>		<b>IF UNDER 1 YEAR</b> IF UNDER 24 HR Months Days Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer-retired</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Farming-Renter</u>				<b>11. BIRTHPLACE</b> (City and state or country) <u>Tennessee</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>T.D. Thomason</u>				<b>13b. MOTHER'S MAIDEN NAME</b> <u>Rosie Lee Lloyd</u>				<b>14. NAME OF HUSBAND OR WIFE</b> <u>Mary E. Wilkerson</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				<b>16. SOCIAL SECURITY NO.</b> <u>X</u>				<b>17. INFORMANT</b> <u>Mrs. Carl Abbott - Portageville, Mo.</u>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>C. V. A.</u> DUE TO (b) <u>Cerebral Vascular Sclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)							
<b>20c. TIME OF INJURY.</b> Hour _____ a.m. p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>		<b>STATE</b>	
<b>21. I attended the deceased from</b> <u>August 19 58</u> , to <u>10-9-1959</u> and last saw him alive on <u>10-9-59</u> Death occurred at <u>10-9-1959 12:05 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.											
<b>22a. SIGNATURE</b> (Degree or title) <u>Cornelia M.D.</u>						<b>22b. ADDRESS</b> <u>Caruthersville, Mo.</u>			<b>22c. DATE SIGNED</b> <u>10-12-59</u>		
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>			<b>23b. DATE</b> <u>Oct. 11, 1959</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Walnut Hill Cemetery</u>			<b>23d. LOCATION</b> (City, town, or county) (State) <u>Bell's Tennessee</u>			
<b>24. FUNERAL DIRECTOR</b> <u>H.S. Smith Funeral Home-C'ville, Mo.</u>					<b>25. DATE RECD. BY LOCAL REG.</b> <u>10-11-59</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Linda Adams</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Pat

Pat

Pat

**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 W. Danner Fike

Licensed Embalmer No. 4484  
P. O. Address Cynthiana, Ky.

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.

*[Handwritten scribbles]*

*[Handwritten scribbles]*