

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

19977
 State File No. _____

2 FILED JUN 16 1950

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 36

0411

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

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give township) Bethany mo		c. CITY (If outside corporate limits, write RURAL and give township) Bethany mo	
c. LENGTH OF STAY (In the place) 115a.		d. STREET ADDRESS (If rural, give location) 7 miles south Ridgeway mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Kind Hospital Bethany mo			

3. NAME OF DECEASED (Type or Print) Willard T. Thomas	a. (First)	b. (Middle) Champlin.	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) April 20 - 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married - 1	8. DATE OF BIRTH April 22 - 1898	9. AGE (In years last birthday) 60	10. UNDER 1 YEAR Months 11	11. UNDER 1 HRS. Days 25
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Cainville Harrison Co. O.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas T. Champlin.	13b. MOTHER'S MAIDEN NAME Amanda Tuggle.	14. NAME OF HUSBAND OR WIFE Tessie Champlin.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no	16. SOCIAL SECURITY NO. 497-12-2972	17. INFORMANT'S SIGNATURE OR NAME Mrs. Tessie Champlin.	ADDRESS Ridgeway mo
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Anemia		INTERVAL BETWEEN ONSET AND DEATH 593X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Brights Disease		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 4-10^{or} 19 50^{to} 4-20, 1950, that I last saw the deceased alive on 4-19, 1950, and that death occurred at 3¹⁵ A m., from the causes and on the date stated above.

23a. SIGNATURE D. G. Reid	(Regist. or title)	23b. ADDRESS Bethany mo	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 21 - 1950	24c. NAME OF CEMETERY OR CREMATORY Ridgeway Cemetery 7 miles N. W. Bethany mo	24d. LOCATION (City, town, or county) (State) Bethany mo
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DATE REC'D BY LOCAL REG. 5-22-50	REGISTRAR'S SIGNATURE Zola Burress	1160	25. FUNERAL DIRECTOR'S SIGNATURE Robert R. Boffey	ADDRESS Ridgeway mo
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(Licensed Embalmer's Statement on Reverse Side)



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 me.

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Robert R. Bayless

Licensed Embalmer No. 35-76

P. O. Address Adfeway 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 this body is not embalmed, fact should be so stated above.