

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31206**

FILED OCT 14 1952
BIRTH NO. **59408**

REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3014** Registrar's No. **130**

1. PLACE OF DEATH a. COUNTY DuBois			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Mo COUNTY DuBois		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett		c. LENGTH OF STAY (in this place) 2 Days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett, Mo. 6350		d. STREET ADDRESS (If rural, give location) Rural # 1.
d. FULL NAME OF HOSPITAL OR INSTITUTION Shirvell Hospital					
3. NAME OF DECEASED a. (First) William D. b. (Middle) Thomason c. (Last) Thomason			4. DATE OF DEATH (Month) (Day) (Year) Oct 7-1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 9-12-52		9. AGE (In years last birthday) Months Days Hours Min. 1 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kennett, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Bill Thomason		13b. MOTHER'S MAIDEN NAME Jessie Baldwin		14. NAME OF HUSBAND OR WIFE	
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bill Thomason Kennett, Mo. R. 1.		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Gastroenteritis		INTERVAL BETWEEN ONSET AND DEATH 4 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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:			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) 7640		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 10-5, 1952 to 10-7, 1952 , that I last saw the deceased alive on 10-7, 1952 , and that death occurred at 9:00 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) L. L. Wilson, M.D.			23b. ADDRESS Kennett, Mo.		23c. DATE SIGNED 10-8-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-9-1952	24c. NAME OF CEMETERY OR CREMATORY Smith Cemetery	24d. LOCATION (City, town, or county) (State) Mo.		
DATE REC'D BY LOCAL REG. 10-8-52		REGISTRAR'S SIGNATURE Carl Husband		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. L. Swice Kennett Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

352
0

No. 300
10.48

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT10-9-52.....

COUNTY FILE NUMBER 1052-280

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
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.