

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2478**

FILED FEB 10 1953

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **49**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) Smithton	
c. LENGTH OF STAY (If in this place) 3 wks.		d. STREET ADDRESS (If rural, give location) *****	
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) WILLIAM c. (Last) FAIR			4. DATE OF DEATH (Month) (Day) (Year) Jan. 30, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 5, 1877	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 4 Days 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> Pettis County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Frank Fair		13b. MOTHER'S MAIDEN NAME Mary K. Welch		14. NAME OF HUSBAND OR WIFE Jessie Potter Fair	
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. 493-12-8296		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Jessie Fair, Smithton, Mo.	

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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis INTERVAL BETWEEN ONSET AND DEATH ?		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Coronary sclerosis. 4201 1 yr. DUE TO (c) Senile arteriosclerosis 5 yrs		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Arteriosclerotic gangrene of Right foot 3 months		

19a. DATE OF OPERATION 1-15-53		19b. MAJOR FINDINGS OF OPERATION Amputation of Rt. leg below knee for arteriosclerotic gangrene		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)	
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 **Sept 10, 1952**, to **Jan. 30, 1953**, that I last saw the deceased alive on **1-30, 1953**, and that death occurred at **2:35 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE W. H. Coombs (Degree or title) D. O.		23b. ADDRESS Woodland Hospital, Sedalia, Mo.		23c. DATE SIGNED 2-2-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/2/53		24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery		24d. LOCATION (City, town, or county) (State) Sedalia, Missouri	
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DATE REC'D BY LOCAL REG. 2/2/53		REGISTRAR'S SIGNATURE W. H. Coombs		GENERAL DIRECTOR'S SIGNATURE W. H. Coombs		ADDRESS Sedalia, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

R. E. Baker

Licensed Embalmer No. *2419*

P. O. Address

Sedalia 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.