

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17049**

FILED MAY 18 1953

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 141	
1. PLACE OF DEATH a. COUNTY BOONE 0105 b. CITY (If outside corporate limits, write RURAL and give town) COLUMBIA c. LENGTH OF STAY (in this place) 63 DAYS d. FULL NAME OF HOSPITAL OR INSTITUTION ELLIS FISCHER ST. C. HOSP				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CAMDEN c. CITY (If outside corporate limits, write RURAL and give township) VERSAILLES d. STREET ADDRESS (If rural, give location) STAR ROUTE			
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) TOMBS c. (Last) TOMBS			4. DATE OF DEATH (Month) (Day) (Year) 5 11 - 53		5. SEX Male		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED		8. DATE OF BIRTH 12-13-1879		9. AGE (In years last birthday) 73 If under 1 year: Months 4 Days 28 Hours — Min. —	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) VERSAILLES, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME TIM TOMBS		13b. MOTHER'S MAIDEN NAME FRANCES McFARLAND		14. NAME OF HUSBAND OR WIFE DOLLY TOMBS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME HOSPITAL RECORDS ADDRESS _____			
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) Liver failure post-oper. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bile duct obstruction DUE TO (c) Adeus. ca. of ampulla of Vater II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 10 da 3 mo Unknown	
19a. DATE OF OPERATION 5-2-53		19b. MAJOR FINDINGS OF OPERATION As above		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 1558			
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 9 Mar 1953 to 11 May 1953 , that I last saw the deceased alive on 11 May 1953 , and that death occurred at 9:15 A.M. ; from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R.E. Johnson, M.D.				23b. ADDRESS Columbia, Mo		23c. DATE SIGNED 11 May 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 13 53		24c. NAME OF CEMETERY OR CREMATORY Versailles Cem		24d. LOCATION (City, town, or county) (State) Versailles Mo	
DATE REC'D BY LOCAL REG. May 11 1953		REGISTRAR'S SIGNATURE Mrs. R.E. Palmer		25. FUNERAL DIRECTOR'S SIGNATURE Widener Funeral Home		ADDRESS Columbia Mo	

(Licensed Embalmers' Statement on Reverse Side)

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

300
48

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 _____
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Edward H. Dunkle*
Licensed Embalmer No. *4013*
P. O. Address *Columbia, S.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.