

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **17856**
 Registrar's No. **54**

LED JUN 4 1953
 BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. **3024**

1. PLACE OF DEATH a. COUNTY HOWARD 0454		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY HOWARD	
b. CITY (If outside corporate limits, write RURAL and give township) FAYETTE		c. CITY (If outside corporate limits, write RURAL and give township) 0450 OR TOWN FAYETTE	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rhodes Conv. Home		d. STREET ADDRESS (If rural, give location) South Main St. Rhodes Conv. Home	
3. NAME OF DECEASED (Type or Print) a. (First) NANNIE b. (Middle) HOWARD c. (Last) TOACHIMI		4. DATE OF DEATH (Month) (Day) (Year) MAY 11 - 1953	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MARCH 11 - 1872
9. AGE (In years last birthday) 81		# UNDER 1 YEAR Days 2	# UNDER 6 MOS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY Housewife	
11. BIRTHPLACE (State or foreign country) Morgan County, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME O. A. Williams M.D.		13b. MOTHER'S MAIDEN NAME Alpha Davis	
14. NAME OF HUSBAND OR WIFE MAX L. TOACHIMI			
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 Mr Alpha Thorton - Versailles, Mo.		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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 1 day ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Chronic Myocarditis 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 4201	
20. AUTOPSY? YES <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 May 5, 1953 , to May 11, 1953 , that I last saw the deceased alive on 5-11-53 and that death occurred at 12:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE W. S. D. Fayette, Mo.		23b. ADDRESS 5-11-53	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 11 - 53	
24c. NAME OF CEMETERY OR CREMATORY VERSAILLES CEM.		24d. LOCATION (City, town, or county) (State) VERSAILLES, MO.	
DATE REC'D BY LOCAL REG. 5-11-53		REGISTRAR'S SIGNATURE Mary A. Shell	
25. FUNERAL DIRECTOR'S SIGNATURE W. F. Kewell		ADDRESS VERSAILLES, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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 Berry W. Thacker

Licensed Embalmer No. 3944

P. O. Address Boonville 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.