U.S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 45121

FILED JAN 19 1954

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 588

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

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 15 minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Freeman Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Okla.
b. COUNTY: Garfield
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Enid Okla. 8350 8
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): W.
c. (Last): Liming

4. DATE OF DEATH (Month) (Day) (Year): 12-28-53

5. SEX: Male
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 29, 1901
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months 3, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Teaching
11. BIRTHPLACE (State or foreign country): State of Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Arthur C. Liming
13b. MOTHER'S MAIDEN NAME: Emma Morrow
14. NAME OF HUSBAND OR WIFE: Pearl Liming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Harold Liming (Bro.) ADDRESS: Hillsdale Okla.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Renal Calculi
DUE TO (c): Paralytic Ileus

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: 5701
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
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): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-27, 1953, *to* 12-28, 1953, *that I last saw the deceased alive on* 12-28, 1953, *and that death occurred at* 8:20P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. E. Warnack, M.D.
23b. ADDRESS: Southwest City, Missouri
23c. DATE SIGNED: 1-8-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 12-29-53
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): Enid, Okla.

DATE REC'D BY LOCAL REG.: 1-15-54
REGISTRAR'S SIGNATURE: Ed S. James by Dolores Lampkin Sr. 138-0
25. FUNERAL DIRECTOR'S SIGNATURE: R. M. Humphrey Pineville, Mo. ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

FEB 2 4 1954

RECEIVED JAN 18 1954
Jasper County Health Office
County File Number 54-1-33
Date Filed JAN 18 1954

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 H. M. Humphrey Jr.
Licensed Embalmer No. 4708
P. O. Address Noel, 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.