

FILED JAN 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43224**

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **5137** Registrar's No. **113**

1. PLACE OF DEATH a. COUNTY Butler Black River Twp		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give town or town) Williamsville, Mo. Rural	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Williamsville	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Williamsville, Mo. Rt. 1		STREET ADDRESS (If rural, give location) Route #1 0120	
3. NAME OF DECEASED (Type or Print) a. (First) Perry b. (Middle) E. c. (Last) Tomlin		4. DATE OF DEATH (Month) (Day) (Year) Dec. 27, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 10, 1883
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. 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	11. BIRTHPLACE (City and State or Foreign Country) Keener, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME John W. Tomlin	
13b. MOTHER'S MAIDEN NAME Sarah Keener		14. NAME OF HUSBAND OR WIFE Blanche Rose Tomlin, Deed	
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.	
17. INFORMANT'S SIGNATURE OR NAME Thomas Tomlin, Poplar Bluff, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH 4 hours	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Coronary thrombosis		6 hours	
DUE TO (c) Arteriosclerotic cardiovascular disease				Unknown	
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)	
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 **3-14-54** to **12-27, 1954**, that I last saw the deceased alive on **12-27, 1954**, and that death occurred at **4:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)		23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 1/8/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-29-54		24c. NAME OF CEMETERY OR CREMATORY Black River Cem.	
24d. LOCATION (City, town, or county) (State) Williamsville, Mo. Rural		DATE REC'D BY LOCAL REG. 1/21/55		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR'S SIGNATURE Frank-Cotrell		ADDRESS Poplar Bluff, Mo.			

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

RECEIVED

JAN 24 1955

BUTLER CO. HEALTH CENTER

FILE No. _____

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 _____
Signature of Student Embalmer

Signed George W. Green
Licensed Embalmer No. 29

P. O. Address Topland, Pa.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.