

FILED MAY 10 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 11684

04320

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

BIRTH NO. _____		REG. DIST. NO. <u>138</u>		PRIMARY REG. DIST. NO. <u>0826</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>HICKORY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>HICKORY</u>			
b. CITY OR TOWN <u>QUINCY</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>Quincy Rural</u>		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 <u>NONE</u>				e. STREET ADDRESS (If rural, give location) <u>2 miles S.W. 0433</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>William</u> c. (Last) <u>TIAMS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 5 1955</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Apr 23, 1881</u>	
9. AGE (in years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>12</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM OWNER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Benton Co., MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Beal S. Tiams</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Stewart</u>		14. NAME OF HUSBAND OR WIFE <u>Alice Tiams</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alice Tiams</u> ADDRESS <u>Quincy, MO</u>			
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) <u>self inflicted wound by</u> ANTECEDENT CAUSES <u>no 12 gauge shotgun</u> DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>instantly</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E976X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at his home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Quincy, Hickory Co., Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-5-1955</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>self inflicted gunshot wound</u>			
22. I hereby certify that I attended the deceased from <u>never</u> , 19 <u>    </u> , to <u>never</u> , 19 <u>    </u> , that I last saw the deceased alive on <u>never</u> , 19 <u>    </u> , and that death occurred at <u>5:24 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R.C. Nevins M.D. Co. Coroner</u>				23b. ADDRESS <u>Derwentage, Mo.</u>		23c. DATE SIGNED <u>5-6-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Benton Co., MO</u>	
DATE REC'D BY LOCAL REG. <u>5-6-1955</u>		REGISTRAR'S SIGNATURE <u>Mary Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Riser</u> ADDRESS <u>Warshaw</u>			

(Licensed Embalmer's Signature on Reverse Side)

JUN 24 1958

NOV 14 1958

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..... *John J. Reser*  
Licensed Embalmer No....40...

P. O. Address... *Warsaw*

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.