

FILED AUG 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27188

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3052 Registrar's No. 217

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>500 East 5th</u>		d. STREET ADDRESS (If rural, give location) <u>500 East 5th</u>	

3. NAME OF DECEASED (Type or Print) <u>THOMAS OMER WILLIAMS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 17 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>Nov. 25 1874</u>	9. AGE (In years last birthday) <u>80</u>	10. IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dom. Cloney Laundry</u>		11. BIRTHPLACE (State or foreign country) <u>Chambers Mo</u>	

13a. FATHER'S NAME <u>William Williams</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Houston</u>		14. NAME OF HUSBAND OR WIFE <u>Geo E. Williams</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>491-07-6593</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Jane Williams</u> ADDRESS <u>Sedalia</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arterio sclerosis</u> DUE TO (c) <u>332X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition</u> <u>gangrene of both feet - healed after loss of toes</u>		INTERVAL BETWEEN ONSET AND DEATH <u>one wk</u> <u>1 month</u> <u>3 yrs</u>	
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) m.		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 July 22, 1955, to Aug 17, 1955, that I last saw the deceased alive on Aug 17, 1955, and that death occurred at 2:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thomas J. Hagston, M.D.</u>		23b. ADDRESS <u>Sedalia, Mo</u>		23c. DATE SIGNED <u>8/19/55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-19-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>	
				24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>	

DATE REC'D BY LOCAL REG. <u>8-19-55</u>		REGISTRAR'S SIGNATURE <u>James C. Laughlin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James C. Laughlin</u> ADDRESS <u>Sedalia</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.