

FILED JUN 12 1944

Registration District No. 244

Primary Registration District No. 4441

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Clifton Hill  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or town Clifton Hill  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Everett Thurston

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Junie Thurston 6. (c) Age of husband or wife if alive 11 years 1857  
7. Birth date of deceased October 11 (Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 12 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Columbia Missouri (City, town, or county) (State or foreign country)

10. Usual occupation merchant (hardware)

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Junie Thurston  
(b) Address Clifton Hill, Missouri  
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5/24/1944 (Month) (Day) (Year)  
(c) Place: burial or cremation Clifton Hill, Missouri

18. (a) Signature of funeral director Tom B. Patton  
(b) Address Summersville, Mo.  
19. (a) 6-1-44 (Date received local registrar) (b) Mr. J. B. Patton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1944 hour 2:40 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from April 2, 1944 to May 23, 1944; that I last saw him alive on May 23, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration 3 days

Due to Fracture of Femur and senility 27 days

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 188

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? /

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. M. Wolf (M. D. or other) D.D.  
Address Clifton Hill, Mo. Date signed 5-24-44

RECEIVED

District Health Officer No

District File No. 6-44-

Date Filed JUN 9 1944

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Paul F. Patton*

Licensed Embalmer No.....

4095

P. O. Address.....

*Huntsville,*

**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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. June  
Registrar's No. 20

Registration District No. 295 Primary Registration District No. 444

1. PLACE OF DEATH:  
(a) County Randolph  
(b) City or town Clifton Hill  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Connett Thurston  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 13  
year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death hypostatic  
pneumonia

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Duration 2 days  
Due to Fracture of Femur & senility

7. Birth date of deceased Oct 11 1857  
(Month) (Day) (Year)  
8. AGE: Years 86 Months 7 Days 12 (If less than one day, \_\_\_\_\_ min.)

Due to 1860  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_  
12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER {  
16. (a) Informant \_\_\_\_\_  
(b) Address \_\_\_\_\_  
17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal) (c) Place: burial or cremation \_\_\_\_\_  
18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_  
19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident  
(b) Date of occurrence 4/26/44  
(c) Where did injury occur Clifton Hill, Randolph, Mo. (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home  
While at work? no (Specify type of place) (e) Means of injury Fell  
23. Signature R. M. ... (M. D. or other) Do.  
Address Clifton Hill Mo. Date signed 4-14-44

SUPPLEMENTAL NO.

18969