

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22973

FILED JUL 27 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 49 PRIMARY REG. DIST. NO. 4069 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Camden</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wacks Creek Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wacks Creek Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At his home</u>		d. STREET ADDRESS (If rural, give location) <u>0150</u>	

3. NAME OF DECEASED (Type or Print) <u>THEODORE</u> a. (First) <u>THRAILKILL</u> b. (Middle) c. (Last)			4. DATE OF DEATH <u>July 14 1950</u> (Month) (Day) (Year)		
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-11-1873</u>	9. AGE (In years last birthday) <u>77</u>	10. YEARS <u>3</u> MONTHS <u>3</u> DAYS <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Laclede Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Wiles Vernon Thraill</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Atchley</u>	
14. NAME OF HUSBAND OR WIFE <u>Della Thraill Kill</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Della Thraill Kill</u>		18. ADDRESS <u>Wacks Creek Mo</u>			

19. 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>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>Instantaneous</u>  <u>331X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? - YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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 was dead when I arrived about 11 AM, 1950, to 11 AM, 1950, that I last saw the deceased (alive on 7-13-, 1950, and that death occurred at 11 AM from the causes and on the date stated above.

23a. SIGNATURE <u>G. J. Myers M.D.</u> (Degree or title)		23b. ADDRESS <u>Wacks Creek Mo</u>		23c. DATE SIGNED <u>7-19-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-16-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Panace Grove</u>	
24d. LOCATION (City, town, or county) (State) <u>Wacks Creek Mo</u>		24e. NAME OF CEMETERY OR CREMATORY		24f. LOCATION (City, town, or county) (State)	

DATE REC'D BY LOCAL REG. <u>7-19-50</u>		REGISTRAR'S SIGNATURE <u>G. J. Myers M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. B. Jones</u>	
				ADDRESS <u>Buffalo Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0150

**RECEIVED** 7-26  
DISTRICT HEALTH OFFICE No. 2  
District File Number \_\_\_\_\_  
Date Filed 7-26-57

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**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 *Arnold Jones* \_\_\_\_\_

Licensed Embalmer No. *2508* \_\_\_\_\_

P. O. Address *Buffalo, N.Y.* \_\_\_\_\_

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.