

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20182

State File No.

FILED JUL 14 1952

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **655**

396

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Laclede	
b. CITY OR TOWN Springfield		c. CITY OR TOWN Lebanon	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital			
3. NAME OF DECEASED (Type or Print) Luella		4. DATE OF DEATH (Month) (Day) (Year) July 2 1952	
a. (First)		b. (Middle) Thirskill	
c. (Last)			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH April 2 1888
9. AGE (in years last birthday) 64	10. MONTHS 6	11. DAYS 3	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Unknown	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME S. R. Bradshaw	13b. MOTHER'S MAIDEN NAME Mary Bradshaw	14. NAME OF HUSBAND OR WIFE Alonso Thirskill	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Alonso Thirskill ADDRESS Lebanon, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INFARCTION OF MYOCARDIUM	DOE TO AORTOASCLEROTIC CORONARY THROMBOSIS.		3 1/2 wks
ANCECEDENT CAUSES	DUE TO (b) _____		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) _____		
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) 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 6/8/52 , 19 52 , to 7/2/52 , 19 52 , that I last saw the deceased alive on 7/1/52 , 19 52 , and that death occurred at 3:30 A. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Alonso Thirskill, M.D.	23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED 7/2/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7/2/52	24c. NAME OF CEMETERY OR CREMATORY Lebanon	24d. LOCATION (City, town, or county) (State) Lebanon Mo
DATE REC'D BY LOCAL REG. 7-11-52	REGISTRAR'S SIGNATURE E. W. Wilson	25. FUNERAL DIRECTOR'S SIGNATURE Helman Funeral Home ADDRESS Lebanon Mo	

CRK

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 W. E. Holman

Licensed Embalmer No. 4107

P. O. Address Lebanon, Mo

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.