S. No. 300
v. 10.48

FILED OCT 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37442

BIRTH NO. 7 REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 140

1080

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

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Washington Twp
c. LENGTH OF STAY (In this place) 0-8-21
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospt #3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Henry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clinton 0420
d. STREET ADDRESS (If rural, give location) R.F.D. #3

3. NAME OF DECEASED (Type or Print)
a. (First) James
b. (Middle) Lee
c. (Last) Thrush

4. DATE OF DEATH (Month) (Day) (Year) Oct 17-52

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 22-1860
9. AGE (In years last birthday) 92 | IF UNDER 1 YEAR Months 4 Days 25 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jacob Thrush
13b. MOTHER'S MAIDEN NAME Virginia Sybilhorn
14. NAME OF HUSBAND OR WIFE Minnie F. Thrush

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Hospt. Records
ADDRESS Nevada Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) General Art. Sci. — Mo

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 4500
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 22, 1952, *to* Oct 17, 1952, *that I last saw the deceased alive on* Oct 16, 1952, *and that death occurred at* 5:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] M.D.
23b. ADDRESS Nevada Mo
23c. DATE SIGNED Oct. 17-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-19-52
24c. NAME OF CEMETERY OR CREMATORY Englewood
24d. LOCATION (City, town, or county) (State) Clinton Mo

DATE REC'D BY LOCAL REG. 10-20-52
REGISTRAR'S SIGNATURE Anna E. Ferry
25. FUNERAL DIRECTOR'S SIGNATURE [signature] **ADDRESS** Wilson

(Licensed Embalmer's Statement on Reverse Side)

10 [illegible]

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 Fred W Nelson

Licensed Embalmer No. 2478

P. O. Address Clinton M

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.