

FILED JUN 27 1955

STANDARD CERTIFICATE OF DEATH

19191
State File No. 4/3

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 3030 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Festus</u>	c. LENGTH OF STAY (In this place) <u>25 yrs.</u>	c. CITY OR TOWN <u>Festus</u>	d. Is Residence within limits of a city or incorporated town? Yes <u>A</u> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>516 Moore Street</u>		e. STREET ADDRESS (If rural, give location) <u>516 Moore Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Aurelia</u> b. (Middle) <u>Mary</u> c. (Last) <u>Thomure</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 12 1955</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 8, 1877</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <input type="checkbox"/> <u>Bloomsdale, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Octavius Boyer</u>		13b. MOTHER'S MAIDEN NAME <u>Louise LaRose</u>		14. NAME OF HUSBAND OR WIFE <u>Eli A. Thomure</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eli A. Thomure, Festus, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		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) <u>Generalized arteriosclerosis</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>—</u>	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) <u>Festus Mo</u>
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? <u>4221</u>

22. I hereby certify that I attended the deceased from Aug 1950, to June 11, 1955, that I last saw the deceased alive on June 11, 1955, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Estelita Bragdon 23b. ADDRESS Festus Mo 23c. DATE SIGNED 6/13/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE June 15, 1955 24c. NAME OF CEMETERY OR CREMATORY Festus Catholic Cemetery 24d. LOCATION (City, town, or county) (State) Rural Crystal City, Mo.

DATE REC'D BY LOCAL REG. 6-13-55 REGISTRAR'S SIGNATURE Jesse R. Bredon 502 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. W. Wainwright Festus Mo

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

502

502

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 21 1955

MAY 2
1956

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.....
Signature of Student Embalmer

Signed.....
Donald H. Vinyard

Licensed Embalmer No. 466

P. O. Address *Hillsboro, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.