

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010067

STATE FILE NUMBER

FILED APR 6 1959

Registration District No. 179

Primary Registration District No. 4289

Registrar's No. 35

300

-57

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> . b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Hawk Point</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Hawk Point</b> <sup>0-570</sup> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence</b>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <b>Main Street</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Everett</b> Middle <b>Earl</b> Last <b>Thurstin</b>			4. DATE OF DEATH Month <b>March</b> Day <b>29</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar. 12, 1906</b>	9. AGE (In years last birthday) <b>53</b>	F UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Gen. Store</b>	11. BIRTHPLACE (City and state or country) <b>Hawk Point, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
--	--	---	--

13a. FATHER'S NAME <b>Aubrey Thurstin</b>	13b. MOTHER'S MAIDEN NAME <b>Mollie F. Monroe</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Leek Thurstin</b>
--	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>488-05-6948</b>	17. INFORMANT <b>Mary Thurstin, Hawk Point, Missouri</b> Address
--	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>1) Coronary Thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Coronary Arterio Sclerosis</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____		INTERVAL BETWEEN ONSET AND DEATH <b>5 Min.</b>
---	--	---

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>4201</b>
---	---

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ Month, Day, Year _____
---

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Troy, Missouri</b>	COUNTY _____ STATE _____
--	--	---	--------------------------

21. I attended the deceased from **10:35** **1957** to **3/20/59** and last saw him **not** alive on \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>E. Leek</b> (Deceased or title)	22b. ADDRESS <b>Troy, Missouri</b>	22c. DATE SIGNED <b>3/30/59</b>
--	---------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4/1/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hawk Point Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Hawk Point, Missouri</b>
--	----------------------------	--	--

24. FUNERAL DIRECTOR <b>Kemper-Marsh Funeral Home, Troy, Mo.</b> ADDRESS	25. DATE RECD. BY LOCAL REG. <b>3-30-59</b>	26. REGISTRAR'S SIGNATURE <b>Charlotte Leek</b>
---	--	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 ~~XXX~~....., Student Embalmer No. ....

working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed .....

*Joseph J. Marsh*

Licensed Embalmer No. 3932.....

P. O. Address...Troy, Missouri.

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.