

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

-60-033517
 STATE FILE NUMBER

FILED VS SEP 12 1960

Registration District No. 237 Primary Registration District No. 4499 Registrar's No. 66

V. S. 300
 Rev. 1-57

1. PLACE OF DEATH a. COUNTY Shelby				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shelby					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shelbina		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Shelbina,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION West Edges of Shelbina R.R. Tracks Entire Life		Length of stay in lb		d. STREET ADDRESS (If outside, give location) Old Hwy # 36 West.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First William Middle C. Last Threlkeld				4. DATE OF DEATH Month 9 -Day 3 -Year 1960					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 7-15-1879			
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months 1		IF UNDER 24 HRS. Days 18 Hours <input type="checkbox"/> Min. <input type="checkbox"/>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Shelby County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Nathanal Threlkeld			13b. MOTHER'S MAIDEN NAME Tabitha Maupin			14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None			16. SOCIAL SECURITY NO. No		17. INFORMANT Lynn Threlkeld			Address 1435 Eberhart Edwardsville, Ill.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Compound fracture of Skull. Right side. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Fracture of Frontal, Coronal, Parietal, Aquama of Temporal, Lambdoid Suture, Occipital. DUE TO (c) All on Right side. Crushed Rib structure. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) C.B.Q. Train #70. East bound in Shelbina, Mo. Hit him.							INTERVAL BETWEEN ONSET AND DEATH		
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.) Same as above						
20c. TIME OF INJURY Hour 12:15 a.m. xx Month 9 Day 3 Year 60			Inquest deemed unnecessary. 802 X 35						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) R.R. Crossing		20f. CITY, TOWN, OR LOCATION Shelbina		COUNTY Shelby		STATE Missouri	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>Bethel</i> Coroner 3				22b. ADDRESS Bethel, Missouri				22c. DATE SIGNED 9/7/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-4-1960		23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.			23d. LOCATION (City, town, or county) (State) Shelbina, Mo		
24. FUNERAL DIRECTOR Barkeley & Davis Shelbina, Mo.				25. DATE RECD. BY LOCAL REG. Sept-9-60		26. REGISTRAR'S SIGNATURE <i>Aida Garrison</i>			

occurring in the manner required by 193.140 MoRS 1949.
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
 All diseases in Part I must be causally related.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

SEP 22 1960

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 *James D. Davis*
Licensed Embalmer No. *4478*

P. O. Address *Shelburne*

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.