

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-002631

FILED VS FEB 3 1961

294

6010

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STATE FILE NUMBER

AMENDED

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Randolph</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sugar Creek</b>		Length of stay in 1b <b>6 months</b>		c. CITY OR TOWN <b>Moberly</b>		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>app. 1 mi. N. of Moberly</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>516 Fulton Ave.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Garnett</b> Last <b>Threlkeld</b>				4. DATE OF DEATH Month <b>1</b> Day <b>19</b> Year <b>61</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>8/3/24</b>		9. AGE (last birthday) <b>36</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Monroe Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>					
13a. FATHER'S NAME <b>Garnett Threlkeld</b>				13b. MOTHER'S MAIDEN NAME <b>Ethel Stalcup</b>				14. NAME OF HUSBAND OR WIFE <b>Doris N. Threlkel</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>yes</b>				16. SOCIAL SECURITY NO. <b>WV. 11</b>		17. INFORMANT Address <b>Doris N. Threlkeld, Moberly</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (a) <b>Sub-arachnoid hemorrhage</b>										<b>Instant</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.													
DUE TO (b) <b>Fractures of skull and body</b>										<b>Instant</b>			
DUE TO (c) <b>Auto accident</b>										<b>Instant</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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>Two autos and truck highway</b>									
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year		<b>accident Nov. 63 N. Moberly, Mo</b>									
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.) <b>NW. 63. N. Moberly</b>		20f. CITY, TOWN, OR LOCATION <b>Randolph</b>		COUNTY <b>Missouri</b>		STATE					
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at <b>app. 6 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>Dr. J. J. Kelly, D.O. Coroner</b>						22b. ADDRESS <b>203 1/2 N. Clark, Moberly Mo</b>			22c. DATE SIGNED <b>1-19-61</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county) (State)					
<b>Buried</b>		<b>1/22/61</b>		<b>IOOF Cemetery</b>				<b>Shelbina, Missouri</b>					
24. FUNERAL DIRECTOR <b>Marion F. Million</b>				ADDRESS <b>Moberly, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1-22-61</b>		26. REGISTRAR'S SIGNATURE <b>J. Schubert</b>					

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**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 William E. Miller

Licensed Embalmer No. 3957

P. O. Address Moberly, 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.