

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-019659
STATE FILE NUMBER

Registration District No. 226 Primary Registration District No. 5299 Registrar's No. 32

FILED JUN 12 1962

1. PLACE OF DEATH
a. COUNTY Monroe
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marion (TWP) Length of stay in lb 12 hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 Mi. S. E. Madison Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Monroe
c. CITY OR TOWN Madison Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 304 W. Broadway Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last CHARLES DAVID THRELDKELD 4. DATE OF DEATH Month Day Year June 8, 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1-10-1947 9. AGE (last birthday) 15 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) Moberly, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Guthrie Threlkeld 13b. MOTHER'S MAIDEN NAME Vena Mae McKinney 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT Guy Threlkeld Address Madison, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Accidental Drowning
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) unable to swim fell into deep water
DUE TO (c) _____
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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.
Death occurred at about 5:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Russell M. Gibson (Degree or title) Coroner 22b. ADDRESS Monroe City, Missouri 22c. DATE SIGNED June 8, 1962 (State) Mo.

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE June 10, 1962 23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cem. 23d. LOCATION (City, town, or county) Madison, Mo.

24. FUNERAL DIRECTOR Thompson-Mackler ADDRESS Madison, Mo. 25. DATE RECD. BY LOCAL REG. June 9-1962 26. REGISTRAR'S SIGNATURE Elbie Miller

DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

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 Joseph R. Markler

Licensed Embalmer No. 4571

P. O. Address Madison, 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.