

FILED JUN 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15211

BIRTH NO.		REG. DIST. NO. 61		PRIMARY REG. DIST. NO. 4107		Registrar's No. 45	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Cedar		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eldorado Springs		c. LENGTH OF STAY (in this place) 10 Yrs		d. FULL NAME OF HOSPITAL OR INSTITUTION R#5, Summer St.	
a. STATE Missouri		b. COUNTY Cedar		c. CITY (If outside corporate limits, write RURAL and give township) Eldorado Springs		d. STREET ADDRESS (If rural, give location) R#5 Summer St.	
3. NAME OF DECEASED			4. DATE OF DEATH			5. DATE (Month) (Day) (Year)	
a. (First) MARION			b. (Middle) F.			c. (Last) THEDFORD	
(Type or Print)			MARION F. THEDFORD			May 22, 1949	
5. SEX Male		6. COLOR OR RACE. White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 7, 1873	
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months -		IF UNDER 1 YEAR Days -		IF UNDER 1 YEAR Hours -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Nicholas Thedford			13b. MOTHER'S MAIDEN NAME Rebecca Clendimen			14. NAME OF HUSBAND OR WIFE Eutrella H. Thedford	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. - -		17. INFORMANT'S SIGNATURE OR NAME Eutrella H. Thedford		ADDRESS Eldorado Springs, Mo.	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
				DUE TO (b) Hypertension			
				DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
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)			
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?			
22. I hereby certify that I attended the deceased from 5-22, 1949, to 5-22, 1949, that I last saw the deceased alive on 5-22, 1949, and that death occurred at 7:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. H. Knowerwith, D.O.				23b. ADDRESS Eldorado Springs, Mo.		23c. DATE SIGNED 5-27-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 26, 1949		24c. NAME OF CEMETERY OR CREMATORY Hazel Dell Cemetery		24d. LOCATION (City, town, or county) (State) Cedar County, Missouri	
DATE REC'D BY LOCAL REG. MAY 28, 1949		REGISTRAR'S SIGNATURE George W. Naps		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Eutrella H. Thedford, Eldorado Springs, Missouri	

418-0 (Licensed Embalmers' Registration on Reverse Side)

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

200

10.48

RECEIVED

District Health Officer No. 7

District File Number 4-47-610

Date Filed 5-31-49

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.

Signed _____
Student Embalmer

Signed James E. Hackleman
Licensed Embalmer No. 4573

P. O. Address Eldorado Springs

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 this body is not embalmed, fact should be so stated above.