

FILED SEP 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27483

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352 Registrar's No. 34

1. PLACE OF DEATH

a. COUNTY Morgan

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Versailles

c. LENGTH OF STAY (If this place) lifetime

d. FULL NAME OF HOSPITAL OR INSTITUTION: *****

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission):

a. STATE Missouri

b. COUNTY Morgan

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Versailles, Mo.

d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)

a. (First) LIZZIE

b. (Middle) NMI

c. (Last) TH HUSTON

4. DATE OF DEATH (Month) (Day) (Year) AUG. 24, 1949

5. SEX Female

6. COLOR OR RACE Colored

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Mar. 15, 1867

9. AGE (In years last birthday) 92

If UNDER 1 YEAR: Months 5 Days 9

If UNDER 2 WKS: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Morgan County, Mo.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME No Record

13b. MOTHER'S MAIDEN NAME No Record

14. NAME OF HUSBAND OR WIFE Thomas Thruston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give year and dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS N. T. Thruston (Son) Versailles, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

18. MEDICAL CERTIFICATION

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure

INTERVAL BETWEEN ONSET AND DEATH Don't know

ANTECEDENT CAUSES

Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senility

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) 4343

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUG. 12, 1949, to AUG. 24, 1949, that I last saw the deceased alive on AUG. 24, 1949, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) P. F. Eckhoff, D. O.

23b. ADDRESS Versailles, Mo.

23c. DATE SIGNED 8/26/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 28 Aug '49

24c. NAME OF CEMETERY OR CREMATORY Versailles City Cemetery

24d. LOCATION (City, town, or county) (State) Versailles, Mo.

DATE REC'D BY LOCAL REG. Aug 24 - 1949

REGISTRAR'S SIGNATURE J. L. Washburn

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. F. Kidwell Versailles, Mo.

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

RECEIVED

District Health Officer No. 7

District File Number 8-49-106

Date Filed 9-2-49

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.....

Raymond C. Foster

Signed.....

Student Embalmer

Licensed Embalmer No. 4626

P. O. Address Versailles, 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 this body is not embalmed, fact should be so stated above.