S. No. 300
Rev. 10-48

FILED MAR 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5592

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 68

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

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (in this place): 21 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Hospital #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
d. STREET ADDRESS (If rural, give location): 309 W. Morgan

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3. NAME OF DECEASED (Type or Print)
a. (First): Will
b. (Middle):
c. (Last): Thuston

4. DATE OF DEATH (Month) (Day) (Year): Feb. 27, 1951

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar. 1, 1887
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sexton-hand
10b. KIND OF BUSINESS OR INDUSTRY: Missouri pacific R.R.
11. BIRTHPLACE (State or foreign country): Versailles, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Tom Thuston
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Mrs. Olla Thuston - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 722-07-1952
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Ora Mae Hogan — ADDRESS: 416 W. Johnson St. Sedalia, Mo.

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

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral ~~Embolus~~ Embolus — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hydrocele operation

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 613 x

19a. DATE OF OPERATION: 2/14/51
19b. MAJOR FINDINGS OF OPERATION: Hydrocele
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) m.
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* 2/10, 1951, *to* 2/27, 1951, *that I last saw the deceased alive on* 2/26, 1951, *and that death occurred at* 5 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. Oyer MD
23b. ADDRESS: Sedalia, Mo.
23c. DATE SIGNED: 3/1/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 2, 1951
24c. NAME OF CEMETERY OR CREMATORY: Dresden Cemetery
24d. LOCATION (City, town, or county) (State): Dresden Mo.

DATE REC'D BY LOCAL REG.: Mar. 2 - 1951
REGISTRAR'S SIGNATURE: A. C. Campbell MD 251 Goldie Hall deputy 1
25. FUNERAL DIRECTOR'S SIGNATURE: J. Price Alexander — ADDRESS: 410 W. Cooper St. Sedalia Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 3-12-51
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 3-12-51

MAR 29 1951

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 _____

Signed _____
Student Embalmer

Licensed Embalmer No. 4245

P. O. Address Sedalia 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.