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

FILED MAR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9210

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4296 Registrar's No. 8-1951

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Browning
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Darr Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Sulivan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Browning, Mo. 1050
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): Ellen
c. (Last): Thurlo

4. DATE OF DEATH (Month) 3 (Day) 9 (Year) 1951

5. SEX: Fe 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 2, 1872
9. AGE (In years last birthday): 78 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME: Richard M Johnson
13b. MOTHER'S MAIDEN NAME: Anna E Calhoun
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):
16. SOCIAL SECURITY NO.: --
17. INFORMANT'S SIGNATURE OR NAME: Gail Thurlo ADDRESS: Browning, 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) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 7

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic myocarditis
DUE TO (c) Hypertension — 443X

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerosis

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) 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* Sept, 1948, *to* March 9, 1951, *that I last saw the deceased alive on* March 7, 1951, *and that death occurred at* 8 30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: J. R. McArtor (Degree or title): M.D.
23b. ADDRESS: Browning Mo.
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): B
24b. DATE: 3-11-51
24c. NAME OF CEMETERY OR CREMATORY: Hover
24d. LOCATION (City, town, or county) (State): Browning Rural Mo.

DATE REC'D BY LOCAL REG.: Mar 15, 1951
REGISTRAR'S SIGNATURE: Elva Crookshanks 164
25. FUNERAL DIRECTOR'S SIGNATURE: Wade Funeral Home ADDRESS: Browning

(Licensed Embalmer's Statement on Reverse Side)

Date Received: MAR 1 9 195
DISTRICT HEALTH OFFICE #
District File Number 3-51
Date Filed: MAR 1 9 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.

Student .....
Student Embalmer

Signed Gerald T. Wade

Licensed Embalmer No. 4172

P. O. Address Browning

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.