

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11670

State File No.

0117
0

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

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 432

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Craig</u> <u>0440</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
3. NAME OF DECEASED a. (First) <u>Thalka</u> b. (Middle) <u>—</u> c. (Last) <u>Thurnau</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 18, 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 10, 1869</u>
10a. USUAL OCCUPATION (Give kind of work done for the most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>In the home</u>	9. AGE (In years last birthday) <u>81</u> if UNDER 1 YEAR Months Days if UNDER 2 HRS. Hours Min.
11a. FATHER'S NAME <u>Henry Harms</u>		11b. MOTHER'S MAIDEN NAME <u>Minnie Rosmiller</u>	11c. NAME OF HUSBAND OR WIFE <u>J. H. Thurnau</u>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		12b. SOCIAL SECURITY NO. <u>None</u>	12c. INFORMANT'S SIGNATURE OR NAME <u>Emma Thurnau - Craig, Mo.</u> ADDRESS <u>Craig, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Dilation</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, 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) <u>Surgical Reduction of fractured left hip.</u> <u>4 days.</u>	
DUE TO (c)		<u>89030</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>April 16/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Intertrochanteric fracture left hip. 044</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Craig Holt Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4 13 51 2p.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>Slipped on kitchen floor</u>	
22. I hereby certify that I attended the deceased from <u>April 13, 1951</u> , to <u>April 18, 1951</u> , that I last saw the deceased alive on <u>April 18, 1951</u> , and that death occurred at <u>7:05pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. Bruce M. Roe, M.D.</u> (Degree or title)		23b. ADDRESS <u>Craig Mo.</u>	23c. DATE SIGNED <u>4/18/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial & removal</u>	24b. DATE <u>4/21/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>J.O.O.F.</u>	24d. LOCATION (City, town, or county) (State) <u>Craig Mo.</u>
DATE REC'D BY LOCAL REG. <u>April 21, 1951</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilber L. Schoeder - Craig, Mo.</u> ADDRESS <u>Craig, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Myself

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Wilber L. Schooler*

Licensed Embalmer No. *-3997-*

P. O. Address *Craig, 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.