

FILED APR 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

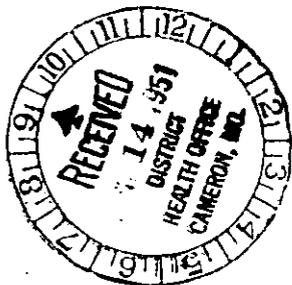
State File No. 15128

130

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 4547 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <b>Worth</b> <b>65 yrs</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Worth</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Grant City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Grant City Missouri</b>	
c. LENGTH OF STAY (If in this place) <b>11/30</b>		d. STREET ADDRESS (If rural, give location) <b>On Highway 46 - E - 4<sup>th</sup></b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Highway 46 E 4<sup>th</sup></b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) <b>Cyrus</b> c. (Last) <b>Thurber</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 29 1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Nov - 17 - 1883</b>
9. AGE (In years last birthday) <b>67</b>	10. KIND OF BUSINESS OR INDUSTRY <b>Painter</b>	11. BIRTHPLACE (State or foreign country) <b>Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Painter</b>	11. BIRTHPLACE (State or foreign country) <b>Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Cyrus Thurber</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Tripp</b>	
14. NAME OF HUSBAND OR WIFE <b>Dess Brown</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War I</b>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <b>Florence Hughes</b>		ADDRESS <b>Worth Mo</b>	
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) <b>Arterio Sclerotic Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 years</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
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 <b>4200</b>	
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) _____	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 _____ <sup>19</sup> to _____ <sup>19</sup> , that I last saw the deceased alive on <b>March 27 1951</b> , and that death occurred at <b>2 hours before found</b> <b>2/29/51</b> <b>11:30</b> <b>am</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Frank B. Matheson M.D.</b>		23b. ADDRESS <b>Grant City, Mo</b>	23c. DATE SIGNED <b>4-2-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 1 - 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Grant City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Grant City Missouri</b>
DATE REC'D BY LOCAL REG. <b>April 10, 1951</b>	REGISTRAR'S SIGNATURE <b>John E. Dawson</b>	FUNERAL DIRECTOR'S SIGNATURE <b>John Andrews</b>	ADDRESS <b>Grant City Mo</b>



APR 15

**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 \_\_\_\_\_

*John Andrews*  
working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student \_\_\_\_\_  
Student Embalmer

Signed *John Andrews*  
Licensed Embalmer No. *4211*

P. O. Address *Grant City, 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.