

U.S. No. 900
REV. 10-48

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22009**

0071

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

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Butler</u>)	c. LENGTH OF STAY (In this place) <u>2da</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Adrian</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hoap.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH	
a. (First) <u>Hubert</u>	b. (Middle) <u>B.</u>	c. (Last) <u>Thiry</u>	(Month) <u>Aug.</u>	(Day) <u>1</u>
			(Year) <u>1951</u>	

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 28, 1879</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>4</u>	IF UNDER 6 WKS. Hours <u>4</u> Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Lawrence County Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John B. Thiry</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine Rowland</u>	14. NAME OF HUSBAND OR WIFE <u>Lydia E. Groh Thiry</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>514-24-1821</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lydia E. Thiry</u> ADDRESS <u>Adrian Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July 25, 1951, to Aug. 1, 1951, that I last saw the deceased alive on Aug. 1, 1951, and that death occurred at 2:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. B. Robinson M.D.</u> (Degree or title)	23b. ADDRESS <u>Adrian Mo.</u>	23c. DATE SIGNED <u>8-2-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8-3-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Aubury Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Aubury Kansas</u>
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DATE REC'D BY LOCAL REG. <u>Aug 2-1951</u>	REGISTRAR'S SIGNATURE <u>Rendall Perry</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Creathy Lee Adrian Mo.</u> ADDRESS
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RECEIVED 8-6-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-6-51

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 _____

Frank H. Coath

working under my personal supervision.

Student Embalmer No.

Signed _____

Frank H. Coath

Signed _____

Student Embalmer

Licensed Embalmer No. 3343

P. O. Address *Admiral, 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.