

STANDARD CERTIFICATE OF DEATH

State File No. **21202**

DEAD JUN 30 1952

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **188**

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

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) Hannibal		c. CITY (If outside corporate limits, write RURAL and give township) Hannibal	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 312 Glascock	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence 312 Glascock			
3. NAME OF DECEASED (Type or Print) Jennie Thurston			4. DATE OF DEATH (Month) (Day) (Year) June 18, 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH September 16, 1866
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XX		10b. KIND OF BUSINESS OR INDUSTRY XX	9. AGE (In years) 85 IF UNDER 1 YEAR: Months 9 Days 2 IF UNDER 4 HRS. Hours 2 Min.
		11. BIRTHPLACE (State or foreign country) Hannibal Missouri	12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME Jacob Michael		13b. MOTHER'S MAIDEN NAME Pauline Sharon	14. NAME OF HUSBAND OR WIFE Henry Thurston (deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) XX		16. SOCIAL SECURITY NO. XX	17. INFORMANT'S SIGNATURE OR NAME Mrs. F. E. Holcomb ADDRESS 312 Glascock Hannibal
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 Thrombosis		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Sclerosis			
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"/>
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 <u>May 15, 1952</u> to <u>June 18, 1952</u>, that I last saw the deceased alive on <u>18 June, 1952</u>, and that death occurred at: <u>20 A. M.</u>, from the causes and on the date stated above.			
23a. SIGNATURE Emmett J. Bolger (Degree or title)		23b. ADDRESS Hannibal Mo.	23c. DATE SIGNED 18 June 52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/20/52	24c. NAME OF CEMETERY OR CREMATORY Mount Olivet	24d. LOCATION (City, town, or county) (State) Hannibal Missouri
DATE REC'D BY LOCAL REG. 6-23-52	REGISTRAR'S SIGNATURE Dr. E. M. Lucke	FUNERAL DIRECTOR'S SIGNATURE W. C. ... ADDRESS Hannibal Missouri	

RECEIVED JUN 27 1962
MARION CO. HEALTH DEPT.
DATE FILED JUN 28 1962

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *John S. Grand*

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.