

LED FEB 18 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4716

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>65</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kirksville</u>)		c. LENGTH OF STAY (in this place) <u>da.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kirksville</u>		0013	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kirk-Osteo. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>316 W. Mill</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charlotte</u> b. (Middle) <u>Louise</u> c. (Last) <u>Thudium</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 11 53</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>Feb. 3, 1952</u>		9. AGE (In years last birthday) <u>1</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Russell Thudium</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah McKim</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Russell Thudium Kirksville, Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anoxemia + medullary failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 hours</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Emphysema, cor pulmonale</u> <u>12 hours</u> DUE TO (c) <u>Viral pneumonia</u> <u>4 days</u> 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) (Min.)		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>Feb 10</u> , 19 <u>53</u> , to <u>Feb 11</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Feb 11</u> , 19 <u>53</u> , and that death occurred at <u>6:50 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm. C. Kellie, D.O.</u>				23b. ADDRESS <u>Kirksville, Missouri</u>		23c. DATE SIGNED <u>2-13-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-12-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Owney Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kirksville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-13-53</u>		REGISTRAR'S SIGNATURE <u>Wate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robert B. Harris Kirksville, Mo.</u>			

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 Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirksville, 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.