

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22309

State File No.

FILED JUL 8 - 1953

BIRTH NO. REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 26

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

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Granby</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Diamond</u>	
c. LENGTH OF STAY (In this place) <u>3 days</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Granby Community Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>0750</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ZACK</u>	b. (Middle) <u>NELSON</u>	c. (Last) <u>THACKER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 25-1953</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>June 9-1870</u>	9. AGE (In years last birthday) <u>83</u>	# UNDER 1 YEAR Months	# UNDER 1 HR. Hours	# UNDER 15 MIN. 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 <u>farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Williamstown, Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Nathan Thacker</u>	13b. MOTHER'S MAIDEN NAME <u>Lucrea</u>	14. NAME OF HUSBAND OR WIFE <u>Nancy Thacker</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>F.W. Knell, Carthage, Mo</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 DAYS</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>accidental injury by fall</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture neck of femur</u>		
DUE TO (c)			<u>9030</u> <u>20</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>48 hrs before patient's condition found.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>073</u>	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.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>DIAMOND NEWTON MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fall</u>
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22. I hereby certify that I attended the deceased from June 20, 1953, to 6-25, 1953, that I last saw the deceased alive on 6-25, 1953, and that death occurred at 2 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Melvin M. Pellough, D.O.</u>	23b. ADDRESS <u>SANBK Bldg. Neosho Mo</u>	23c. DATE SIGNED <u>6-29-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>6-29-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Diamond Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Diamond, Mo</u>
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DATE REC'D BY LOCAL REG. <u>June 29, 1953</u>	REGISTRAR'S SIGNATURE <u>M. L. Young</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary, Carthage, Mo</u>	ADDRESS
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RECEIVED

District Health Officer No. _____

District File Number 753-131

Date Filed 7-6-53

NEWTON COUNTY HEALTH UNIT

NEOSHO, MISSOURI

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 Jesse O. Sullivan Jr.
Licensed Embalmer No. 4646

P. O. Address Neosho, 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.