

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41837**

FILED DEC 1-1953

BIRTH NO. _____		REG. DIST. NO. 337		PRIMARY REG. DIST. NO. 4499		Registrar's No. 99	
1. PLACE OF DEATH a. COUNTY Shelby County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby, Mo.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina, Mo.		c. LENGTH OF STAY (In this place) 30 YRS.		c. CITY OR TOWN Shelbina		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION None				e. STREET ADDRESS (If rural, give location) X			
3. NAME OF DECEASED (Type or Print) a. (First) KARHERINE			b. (Middle)			c. (Last) THRELKELD	
4. DATE OF DEATH 11-24-1953		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 1-19-1878		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR 10 MONTHS		IF UNDER 24 HOURS 6 DAYS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (City and State or Foreign Country) Lewistown, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Humphrey		13b. MOTHER'S MAIDEN NAME Mary Rodefer		14. NAME OF HUSBAND OR WIFE Joe Threlkeld			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. X 494-07-6018		17. INFORMANT'S SIGNATURE OR NAME Joe Threlkeld, Shelbina, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho-pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial failure DUE TO (c) Cardio-renal edema II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442 X				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 Jan 4, 1953, to Nov 24, 1953 , that I last saw the deceased alive on Nov 24, 1953 and that death occurred at 12:15 Pm. , from the causes and on the date stated above.							
23a. SIGNATURE Joseph N. Tomney (Degree or title)				23b. ADDRESS Shelbina, Mo.		23c. DATE SIGNED 11/25/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-26-1953		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.		24d. LOCATION (City, town, or county) (State) Shelbina, Mo.	
DATE REC'D BY LOCAL REG. 11-26-53		REGISTRAR'S SIGNATURE Ade Garrison		25. FUNERAL DIRECTOR'S SIGNATURE Barkelaw-Hawkins, Shelbina, Mo.			

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

1020

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.....
Signature of Student Embalmer

Signed.....
W. H. H. H. H. H.

Licensed Embalmer No. *3498*

P. O. Address *S. H. H. H. H.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.