No. 300
10-48

FILED MAR 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8838

BIRTH NO. 12249-55 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 73

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

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal 0
c. LENGTH OF STAY (In this place): 18 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Elizabeth Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Shelby 1020
c. CITY OR TOWN:
d. Is Residence within limits of a city or incorporated town? Yes ☐ No XX 1
STREET ADDRESS (If rural, give location): 2½ Miles North of Bethel

3. NAME OF DECEASED (Type or Print)
a. (First): Brenda
b. (Middle): Kay
c. (Last): Thrasher

4. DATE OF DEATH (Month) (Day) (Year): March 6, 1955

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0
8. DATE OF BIRTH: March 6, 1955
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days — IF UNDER 24 HRS.: Hours 18, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Never Worked
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): Shelby County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Robert Thrasher
13b. MOTHER'S MAIDEN NAME: Irma East
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - - -
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Robert Thrasher, Bethel, Missouri

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) ~~Unknown~~ Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
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
776 X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/6, 1955, *to* 3/6, 1955, *that I last saw the deceased alive on* 3/6, 1955, *and that death occurred at* 3:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T. Hauchler M.D.
23b. ADDRESS: Shelbina, Mo
23c. DATE SIGNED: 3/7/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/7/1955
24c. NAME OF CEMETERY OR CREMATORY: Shiloh Cemetery
24d. LOCATION (City, town, or county) (State): Shelby County, Mo.

DATE REC'D BY LOCAL REG.: 3/10/55
REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By H. C. Fisher 181
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: E. Hayes Shelbina, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAR 2 2 1955
MARION CO. HEALTH DEPT.
DATE FILED MAR 2 2 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....Paul E. Hynes.....

Licensed Embalmer No....446

P. O. Address..Shelbina

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai
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.