

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22857

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4315 Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH a. COUNTY <b>MACON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>MACON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LA PLATA</b>		c. CITY OR TOWN <b>LA PLATA</b>	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 _____		e. STREET ADDRESS (If rural, give location) <b>0610</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>EMILY</b>	b. (Middle) <b>EVELYN</b>	c. (Last) <b>THRELKELD</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 6, 1955</b>
-------------------------------------	-------------------------	---------------------------	----------------------------	---

5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>APRIL 17, 1969</b>	9. AGE (In years last birthday) Months Days <b>86 2 19</b>	IF UNDER 1 YEAR Hours Mins. <b>— —</b>
-----------------	---------------------------	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>LANCASTER MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
--	---	--	---

13a. FATHER'S NAME <b>WALTER HOUNSON</b>	13b. MOTHER'S MAIDEN NAME <b>FRANCES BRADLEY</b>	14. NAME OF HUSBAND OR WIFE <b>JAMES M. THRELKELD</b>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS MAUDE DULL</b> ADDRESS <b>LA PLATA MO</b>
---	-------------------------------------	--

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute congestive heart failure</b>		<b>12 hours</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive heart disease</b> DUE TO (c) <b>Arterio-sclerosis</b>		<b>10 years</b> <b>15 years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>443X</b>	

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 **March 1935** to **July 6, 1955**, that I last saw the deceased alive on **July 6, 1955**, and that death occurred at **7:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Uelshaw Gillet</b> (Degree or title) _____	23b. ADDRESS <b>La Plata, Mo</b>	23c. DATE SIGNED <b>7-9-55</b>
--	----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 8, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>LANCASTER MO</b>
---	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <b>July 11 1955</b>	REGISTRAR'S SIGNATURE <b>Mrs O. D. Griffin</b>	186	25. FUNERAL DIRECTOR'S SIGNATURE <b>Kenneth Wilson</b> ADDRESS <b>La Plata, Mo.</b>
--	--	-----	---

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7.19.55  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 7.55.117  
Filed 7.22.55

(19)

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 *Harriet M. Wilson*

Licensed Embalmer No. *420*

P. O. Address *L. Plath*

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.