

FILED NOV 9 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33803**

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>3127</u>		Registrar's No. <u>155</u>	
1. PLACE OF DEATH a. COUNTY <b>JASPER</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>WEBB CITY</b>		c. LENGTH OF STAY (If in this place) <b>12 YRS</b>		c. CITY OR TOWN <b>WEBB CITY</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 <b>532 SOUTH DEVON</b>				f. STREET ADDRESS (If rural, give location) <b>532 SOUTH DEVON</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ELMER</b>		b. (Middle) <b>ESMOND</b>		c. (Last) <b>THRASHER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>OCTOBER 30 1955</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>JULY 31 1902</b>	
9. AGE (In years last birthday) <b>53</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>29</b> Hours <b></b> Min. <b></b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AUTO BODY SHOP</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>JOBSONS AUTO SHOP</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>JOPLIN, MISSOURI</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>			
13a. FATHER'S NAME <b>FRANK THRASHER</b>		13b. MOTHER'S MAIDEN NAME <b>MARY E. MILIAM</b>		14. NAME OF HUSBAND OR WIFE <b>JAQULYN LUCILLE THRASHER</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>491-01-7903</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>JAQULYN L THRASHER WEBB CITY, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the prostate.</u>  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.  <b>177X</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 Months</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 <u>1-6</u> , 1955, to <u>10-30</u> , 1955, that I last saw the deceased alive on <u>10-30</u> , 1955, and that death occurred at <u>10:30 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <i>James T. Slakerty M.D.</i>				23b. ADDRESS <b>319 W. Main St., Cartersville, Mo.</b>		23c. DATE SIGNED <b>11-1-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>11-2-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MOUNT HOPE CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>WEBB CITY MO</b>	
DATE REC'D BY LOCAL REG. <b>11-1-55</b>		REGISTRAR'S SIGNATURE <i>Mrs. Madeline Smitzer</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO</b>			

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

(Licensed Embalmer's Statement on Reverse Side)

North Carolina  
Jasper County Health Comm.  
County File Number 55-11-257  
Date Filed NOV 7 1955

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 Richard Gray Lewis

Licensed Embalmer No. 44

P. O. Address Wabbe City

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