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FILED-DEC 30 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39811

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 68

1. PLACE OF DEATH  
a. COUNTY Butler

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission).  
a. STATE Missouri b. COUNTY Stoddard

b. CITY (If outside corporate limits of RURAL TOWN) Poplar Bluff c. LENGTH OF STAY (in this place) 10 3/4  
OR Puxico Baral South Creek

c. CITY OR TOWN Puxico d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hospital

e. STREET ADDRESS (If rural, give location) Poplar Bluff Mo.

3. NAME OF DECEASED  
a. (First) Ada b. (Middle) Thurmond c. (Last)

4. DATE OF DEATH (Month) (Day) (Year)  
12 15 55

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Dec. 19 - 1890

9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months 11 Days 15 IF UNDER 24 HRS. Hours  Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY own Home

11. BIRTHPLACE (City and State or Foreign Country) Linden Tenn.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Lee Journey

13b. MOTHER'S MAIDEN NAME Deala Brinn

14. NAME OF HUSBAND OR WIFE L.S. Thurmond

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 L.S. Thurmond Puxico Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary thrombosis

INTERVAL BETWEEN ONSET AND DEATH

\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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) (Min.)

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 Dec 10, 1955, to Dec 15, 1955, that I last saw the deceased alive on Dec 15, 1955, and that death occurred at 10:35 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. H. Muehleisen M.D.

23b. ADDRESS Poplar Bluff Mo.

23c. DATE SIGNED 12-29-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12-19-55

24c. NAME OF CEMETERY OR CREMATORY Dexter

24d. LOCATION (City, town, or county) (State) Dexter Missouri.

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 12/23/55 D. H. Muehleisen

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins & Sons Puxico Missouri.

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

RECEIVED  
DEC 28 1955  
BUTLER CO. HEALTH  
FILE No. \_\_\_\_\_

**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 *Marsh Watkins*

Licensed Embalmer No. *471*  
P. O. Address *Perth W*

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.