

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34584
STATE FILE NUMBER

FILED OCT 15 1957

Registration District No. 381

Primary Registration District No. 6126

Registrar's No. 105

300
-57

1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Sullivan	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Browning Taylor Twp. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Browning Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Reside on Farm Taylor Twp. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Annie Lee Thurlo	4. DATE OF DEATH Month Day Year Oct. 2 1957
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 1 1862	9. AGE (In years last birthday) 94	10. FUNDER 1 YEAR Months Days	11. FUNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) West Virginia	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME H. M. Peterson	13b. MOTHER'S MAIDEN NAME Mary J. Roach	14. NAME OF HUSBAND OR WIFE F. C. Thurlo
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. xx	17. INFORMANT Mrs Belva Smith Humphreys, MO	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Fell injuring left hip joint. fractured.</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 da</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Age delayed shock</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		9030
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>Stumbled & fell in home</i>
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20c. TIME OF INJURY Hour a.m. 10 Month, Day, Year 10-30-57 p.m.
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>In home</i>	20f. CITY, TOWN, OR LOCATION COUNTY 10 ³ STATE <i>Sullivan, MO</i>
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21. I attended the deceased from <i>9-30-57</i> , to <i>10-2-57</i> and last saw her alive on <i>10-1-57</i> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>H. C. Weston M.D.</i>	22b. ADDRESS <i>Salt Mo</i>	22c. DATE SIGNED <i>10-4-57</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 4 1957	23c. NAME OF CEMETERY OR CREMATORY Humphreys, Cem	23d. LOCATION (City, town, or county) (State) Humphreys, Mo
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24. FUNERAL DIRECTOR ADDRESS <i>P. R. Payne Son Salt Mo</i>	25. DATE RECD. BY LOCAL REG. <i>10-7-57</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. M. W. Beckett</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part 1 must be causally related.

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NOV 22 1957

OCT 18 1957

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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 PK Payne

Licensed Embalmer No. 2450

P. O. Address Galt

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.