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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036659
STATE FILE NUMBER

FILED NOV 7 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4892

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) General Hospt — Length of stay in 1b 2 Days.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Oklahoma b. COUNTY TULSA
c. CITY OR TOWN Owasso 8350 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) Box 442 — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Middle Last: Earl W. THREADGILL
4. DATE OF DEATH Month Day Year: 10-15-58
5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH 5-8-33
9. AGE (In years last birthday) 25 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY Service Station
11. BIRTHPLACE (City and state or country) Lavaca Ark.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George Threadgill
13b. MOTHER'S MAIDEN NAME Pearlie Martin
14. NAME OF HUSBAND OR WIFE Marjorie Threadgill
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Korean War
16. SOCIAL SECURITY NO. 431-52-6524
17. INFORMANT Address Mrs. Marjorie Threadgill

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Subdural Hematoma
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Subarachnoid Hemarrhage
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Motorcycle ran into dead end Street
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 10-13-58
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street
20f. CITY, TOWN, OR LOCATION — COUNTY Jackson STATE Co 700

21. I attended the deceased from _____, to _____ and last saw he/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh H. Owens Coroner 3
22b. ADDRESS 1034 Rialto Bldg
22c. DATE SIGNED 10-16-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 10-16-58
23c. NAME OF CEMETERY OR CREMATORY Owasso Country
23d. LOCATION (City, town, or county) (State) Tulsa Oklahoma
24. FUNERAL DIRECTOR ADDRESS H. Tiquinian & Sons K C Neo
25. DATE RECD. BY LOCAL REG. 10-16-58
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Hugh H. Owens

NOV 13 1958

NOV 7 1958

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 H. LeRoy Mooney

Licensed Embalmer No. 4726

P. O. Address [illegible]

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.