

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008236

STATE FILE NUMBER

FILED FEB 16 1959 Registration District No. 374 Primary Registration District No. 4547 Registrar's No. 7

300
-57

1. PLACE OF DEATH a. COUNTY Worth		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, give TOWNSHIP only) Grant City		c. CITY OR TOWN Grant City, Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) 405 South Pleasant	
Length of stay in lb 70 yrs.		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Ernest Middle Therlow Last Therlow		4. DATE OF DEATH Month January Day 27 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐	8. DATE OF BIRTH March 15, 1867
9. AGE (In years last birthday) 91		IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer, Ret.		10b. KIND OF BUSINESS OR INDUSTRY Railroad	
11. BIRTHPLACE (City and state or country) Whitstable, England		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Edward William Therlow		13b. MOTHER'S MAIDEN NAME Mary Ann Saunders	
14. NAME OF HUSBAND OR WIFE Iva Alice Therlow			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Grace Poe		Address Grant City, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis, generalized, severe			INTERVAL BETWEEN ONSET AND DEATH 10 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Basalcell Carcinoma, face			19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT SUICIDE HOMICIDE ☐ ☐ ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4500H	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE WORK ☐ AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Grant City, Mo		COUNTY _____ STATE _____	
21. I attended the deceased from 47 to Jan 27, 59 and last saw her/him alive on Jan 27, 59 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Frank B. Matison MD		22b. ADDRESS Grant City, Mo	
22c. DATE SIGNED 1/29/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Jan. 29, 1959	
23c. NAME OF CEMETERY OR CREMATORY Grant City Cemetery		23d. LOCATION (City, town, or county) (State) Grant City, Missouri	
24. FUNERAL DIRECTOR Bill A. Dwyer - Grant City		25. DATE RECD. BY LOCAL REG. Feb 10 - 1959	
26. REGISTRAR'S SIGNATURE Bowdrey Kibbe			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Bill A. Dunfee

Licensed Embalmer No. 4902

P. O. Address Grant City, Mo.

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.