

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010341

STATE FILE NUMBER

FILED MAR 26 1959

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 31

300
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Caruthersville
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hayti Hospital		Length of stay in 1b 1hr	d. STREET ADDRESS (If outside, give location) 1009 Wasginton
3. NAME OF DECEASED (Type or print) First Marilyn Middle Kay Last Thrasher			4. DATE OF DEATH Month Mar. Day 1 Year 1959
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb-5-1945
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Girl		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 14
13a. FATHER'S NAME Thomas D. Thrasher		13b. MOTHER'S MAIDEN NAME Irene Stubbs	14. NAME OF HUSBAND OR WIFE None
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 Mrs. Irene Thrasher C'ville, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rt. Frontal Depressed Skull Fracture with Cerebral Laceration			INTERVAL BETWEEN ONSET AND DEATH 1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Crushing Chest Injury & Hemoptysis			1 hr.
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) Seated in an auto; collision with a truck.	
20c. TIME OF INJURY Hour 5:45 a.m. Month, Day, Year 3/1/59		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Caruthersville, Pemiscot Mo.	
21. I attended the deceased from 3/1/59 to 3/1/59 and last saw her alive on 3/1/59 . Death occurred at 6:45 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. K. Albrecht MD		22b. ADDRESS Hayti Mo.	22c. DATE SIGNED 3/9/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar.-3-1959	23c. NAME OF CEMETERY OR CREMATORY Maple Cemetery	23d. LOCATION (City, town, or county) (Specify) Caruthersville, Mo.
24. FUNERAL DIRECTOR LaForge Und. Co. C'ville, Mo		25. DATE RECD. BY LOCAL REG. 3-11-59	26. REGISTRAR'S SIGNATURE Valeria O'pham

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE P.O. BOX 79
CARUTHERSVILLE, MO.

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 *Noel C. D...*

Licensed Embalmer No. *3941*
P. O. Address *Caruthersville*

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.