

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022496

FILED JUN 25 1959

Registration District No. 294

Primary Registration District No. 3056

STATE FILE NUMBER
Registrar's No. 130

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v. 1-57

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN R#2 Holliday Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hosp.		Length of stay in lb 4 dys.	d. STREET (If outside, give location) ADDRESS 4 Mi. S. Holliday Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle GUTHRIE Last THRELKELD			4. DATE OF DEATH Month June Day 12 , Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 3, 1902
9. AGE (In years last birthday) 57		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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm Owner	11. BIRTHPLACE (City and state or country) Thompson, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Charles Threlkeld	
13b. MOTHER'S MAIDEN NAME Susan Guthrie		14. NAME OF HUSBAND OR WIFE Mrs Guthrie Threlkeld	
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 Guy Threlkeld Address Madison, 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) Pulmonary Edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic Heart Disease 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) Intertrochanteric Fracture of Left Femur			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.) 420CF	
20c. TIME OF INJURY Hour _____ Month, Day, Year a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Madison,	COUNTY _____ STATE _____
21. I attended the deceased from May 12, 1959 to June 12, 1959 and last saw him alive on June 11, 1959 Death occurred at 5:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE C. F. Stauber (Degree or title) R.O. 2	
22b. ADDRESS P.O. Box Madison Mo		22c. DATE SIGNED 6-12-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 14, 59	23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cem.	23d. LOCATION (City, town, or county) (State) Madison, Mo.
24. FUNERAL DIRECTOR Thompson-Mackler Madison, Mo.		25. DATE RECD. BY LOCAL REG. 6-14-59	26. REGISTRAR'S SIGNATURE Peabody

MEDICAL CERTIFICATION

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 *Joseph R. Mackler*
Licensed Embalmer No. *4576*
P. O. Address *Mackler*

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.