

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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FILED VS JAN - 4 1960 2 73

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 142

NDED

1. PLACE OF DEATH a. COUNTY Perry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Perry			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saline TWP			Length of stay in 1b Life		c. CITY OR TOWN Saline TWP		Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Perryville Rte #1				Inside Limits Yes ☐ No ☒		d. STREET ADDRESS (If outside, give location) Perryville Rte #1	
3. NAME OF DECEASED (Type or print)		First Julia		Middle C		Last Thomure	
4. DATE OF DEATH		Month December		Day 13		Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH 3-21-1865		9. AGE (last birthday) 94	
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) Perry County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Hilary Duval			13b. MOTHER'S MAIDEN NAME Mary A Robinson			14. NAME OF HUSBAND OR WIFE Louis Thomure	
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 Address Tom Pargess Perryville Rte #1, 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) Arteriosclerotic Heart Disease 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) Osteo arthritis							INTERVAL BETWEEN ONSET AND DEATH 3-4 yr.
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.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 3-30-56 to 12-13-59 and last saw her alive on 12-11-59 Death occurred at 10:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) J. C. Fairchild, M.D.				22b. ADDRESS Perryville, Mo.		22c. DATE SIGNED 12-14-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-15-1959		23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		23d. LOCATION (City, town, or county) (State) Perryville Missouri	
24. FUNERAL DIRECTOR Young & Sons		ADDRESS Perryville Mo		25. DATE RECD. BY LOCAL REG. 12-15-59		26. REGISTRAR'S SIGNATURE Joel Zoellner	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Wallace Young

Licensed Embalmer No. 4027

P. O. Address

Perryville

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.