URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 8 1960

60-007510
STATE FILE NUMBER

Registration District No. 2273 Primary Registration District No. 3051 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY: PERRY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: PERRYVILLE
Length of stay in 1b: 6 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: PERRY CO. MEMORIAL
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY: STE. GENEVIEVE
c. CITY OR TOWN: STE. GENEVIEVE
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 341 N. MAIN ST.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ALINE Middle: MARY Last: THOMURE

4. DATE OF DEATH: Month: FEB Day: 29 Year: 1960

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 9/7/88

9. AGE (last birthday): 71

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

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): STE. GENEVIEVE MO

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: ELOY DRURY

13b. MOTHER'S MAIDEN NAME: EUGENIA DUPONT

14. NAME OF HUSBAND OR WIFE: ELMER 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.:

17. INFORMANT Address: Gilbert Thomure Ste Genevieve 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): Left Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertensive cardiovascular Disease years
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes mellitus

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

MEDICAL CERTIFICATION

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 2-23-60 to 2-29-60 and last saw her/him alive on 2-29-60
Death occurred at 5:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. R. Fairchild MD

22b. ADDRESS: Perryville, Mo

22c. DATE SIGNED: 2-2-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 3/2/60

23c. NAME OF CEMETERY OR CREMATORY: VALLE SPRING

23d. LOCATION (City, town, or county) (State): STE. GENEVIEVE MO

24. FUNERAL DIRECTOR ADDRESS: Lee Bader Ste. Genevieve Mo

25. DATE RECD. BY LOCAL REG.: 3-3-60

26. REGISTRAR'S SIGNATURE: Jos J Zoellner

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF

DOCUMENT

JAN 1 0 1961

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 Edwin J. Stelle

Licensed Embalmer No. 474

P. O. Address Ste Genev

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.