

Registration District No. 374 Primary Registration District No. 28472 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Allen Twp</u>		Length of stay in lb <u>20 Yrs</u>		c. CITY OR TOWN <u>Denver Missouri</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4 Mi East of Denver, Mo</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>4 Mi east of Denver, MO</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>RUTH</u> Middle <u>ELVINA</u> Last <u>THRASHER</u>				4. DATE OF DEATH Month <u>Oct</u> Day <u>29</u> Year <u>1960</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Apr 25, 1940</u>		9. AGE (last birthday) <u>51</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Denver, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>United States</u>	
13a. FATHER'S NAME <u>SAMUEL PARMAN</u>			13b. MOTHER'S MAIDEN NAME <u>ETHEL JONES</u>			14. NAME OF HUSBAND OR WIFE <u>CHESTER THRASHER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Chester Thrasher Denver, Mo</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>DEBILITY AND INANITION</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 MONTH</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>LYMPHOBLASTOMA METASTASES</u>							<u>4 MONTHS</u>		
DUE TO (c) <u>MEDIASTINAL ORIGIN</u>							<u>12 MONTHS</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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.)					
20c. TIME OF INJURY Hour <u>9:15 PM</u> Month, Day, Year <u>1957</u>		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		COUNTY		STATE			
21. I attended the deceased from <u>1957</u> to <u>OCT 29, 1960</u> and last saw her alive on <u>OCT 29, 1960</u> Death occurred at <u>9:15 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Dress or title) <u>Richard L. Smith MD</u>				22b. ADDRESS <u>GRANT CITY MO</u>			22c. DATE SIGNED <u>11-1-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov 1, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Prarie Chapel Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Denver, Mo</u>			
24. FUNERAL DIRECTOR <u>Hermit Braun Denver, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>Nov 6-1960</u>		26. REGISTRAR'S SIGNATURE <u>Leto E. Dawson</u>			

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 John Andrews, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4211

P. O. Address Grant City

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.