

**MOURI, DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-61-007386**  
STATE FILE NUMBER

AMENDED

Registration District No. 362 Primary Registration District No. 6227 Registrar's No. 6

**FILED VS FEB 27 1961**

|  |   |   |  |   |   |   |  |
|--|---|---|--|---|---|---|--|
| <b>1. PLACE OF DEATH</b>   |   |   |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)        |   |   |  |
| a. COUNTY<br><u>Warren</u>   |   | b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Hickory-Grove Twp</u>   |  | a. STATE<br><u>Missouri</u>   |   | b. COUNTY<br><u>Warren</u>  |  |
| OR TOWN  |   | Length of stay in 1b<br><u>Life</u>   |  | c. CITY OR TOWN<br><u>Marthasville</u>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br><u>10 miles S of Wright</u>   |   |   |  | d. STREET ADDRESS<br><u>City</u>  |   | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| <b>3. NAME OF DECEASED</b> (Type or print)   |   |   |  | <b>4. DATE OF DEATH</b>   |   |   |  |
| First<br><u>Emmett</u>   |   | Middle<br><u>Hughes</u>   |  | Last<br><u>Thoroughman</u>  |   | Month Day Year<br><u>Feb 5 1961</u>   |  |
| <b>5. SEX</b><br><u>Male</u>   | <b>6. COLOR OR RACE</b><br><u>White</u>       | <b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/><br><b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/> | <b>8. DATE OF BIRTH</b><br><u>7/30/71</u>                                | <b>9. AGE (last birthday)</b><br><u>89</u>  | <b>IF UNDER 1 YEAR</b>  | <b>IF UNDER 24 HR</b>   |  |
|  |   |   |  | Months Days   |   | Hours Min.  |  |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><u>Retired Farmer</u>  |   |   | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><u>Own Farm</u>              |   | <b>11. BIRTHPLACE</b> (City and state or country)<br><u>Warren County MO</u>        |   | <b>12. CITIZEN OF WHAT COUNTRY</b><br><u>U.S.A</u>   |
| <b>13a. FATHER'S NAME</b><br><u>Charles Thoroughman</u>  |   |   | <b>13b. MOTHER'S MAIDEN NAME</b><br><u>Angeline Williams</u>             |   | <b>14. NAME OF HUSBAND OR WIFE</b><br><u>Cora Thoroughman</u>                       |   |  |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>   |   |   | <b>16. SOCIAL SECURITY NO.</b><br><u>None</u>                            |   | <b>17. INFORMANT</b><br><u>Della Thoroughman, Marthasville</u>                      |   |  |
| <b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:  |   |   |  |   |   |   | <b>INTERVAL BETWEEN ONSET AND DEATH</b>  |
| IMMEDIATE CAUSE (a) <u>medullary failure</u>   |   |   |  |   |   |   | <u>6 months</u>  |
| DUE TO (b) <u>chronic, uncontrolled anorexia</u>   |   |   |  |   |   |   |  |
| DUE TO (c) <u>debilities of old age</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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| <b>19. WAS AUTOPSY PERFORMED?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | <b>20a. ACCIDENT</b> <input type="checkbox"/> | <b>SUICIDE</b> <input type="checkbox"/>   | <b>HOMICIDE</b> <input type="checkbox"/>                                 | <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) |   |   |  |
| <b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year   |   |   |  |   |   |   |  |
| <b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   | <b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  | <b>20f. CITY, TOWN, OR LOCATION</b>   |   | <b>COUNTY</b>   | <b>STATE</b>   |
| <b>21. I attended the deceased from</b> <u>4/14/59</u> <b>to</b> <u>2/5/61</u> <b>and last saw her</b> <u>1/29/61</u> <b>alive on.</b><br>Death occurred at <u>4:00 a.</u> <b>m</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |   |   |   |  |
| <b>22a. SIGNATURE</b> (Degree or title)<br><u>[Signature]</u>  |   |   |  | <b>22b. ADDRESS</b><br><u>Wright City, Missouri</u>   |   |   | <b>22c. DATE SIGNED</b><br><u>2/7/61</u>   |
| <b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b><br><u>Burial</u>  |   | <b>23b. DATE</b><br><u>2/8/61</u>   | <b>23c. NAME OF CEMETERY OR CREMATORY</b><br><u>Wright City Cemetery</u> |   | <b>23d. LOCATION (City, town, or county) (State)</b><br><u>Wright City Missouri</u> |   |  |
| <b>24. FUNERAL DIRECTOR</b><br><u>Nieburg Furn &amp; Und CO Wright City</u>  |   |   |  | <b>25. DATE RECD. BY LOCAL REG.</b><br><u>Feb. 8, 1961</u>  |   | <b>26. REGISTRAR'S SIGNATURE</b><br><u>[Signature]</u>                                |  |

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

*Julius J. Fiebig*

Licensed Embalmer No.

3306

P. O. Address

Wright St

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