

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 4 1949

7510
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>344</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Doniphan</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Joseph</u>		c. LENGTH OF STAY (If in this place) <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Troy</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Metho. Hospital</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>IDA</u>		b. (Middle) <u>M.</u>		c. (Last) <u>THROCKMORTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 11, 1949</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>July 11, 1885</u>	
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____			
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 <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>Fanning, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Etherton</u>		13b. MOTHER'S MAIDEN NAME <u>Janette Edwards</u>		14. NAME OF HUSBAND OR WIFE <u>David</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'S SIGNATURE OR NAME ADDRESS <u>John Throckmorton, Troy, Ks.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4/201</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes, mellitus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u> <u>6 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>March 6, 1949</u> , to <u>March 11, 1949</u> that I last saw the deceased alive on <u>March 11, 1949</u> , and that death occurred at <u>1:30A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul J. Jenkins M.D.</u>				23b. ADDRESS <u>420 North 8th St., City</u>		23c. DATE SIGNED <u>3-11-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>Mar 11, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Troy, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 1, 1949</u>		REGISTRAR'S SIGNATURE <u>E. G. Jenkins</u> <u>382</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. G. Jenkins Troy, Kansas</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed *O. H. Kaur*

Signed.....
Student Embalmer

Licensed Embalmer No. 3532

P. O. Address *Tray Kan*

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 this body is not embalmed, fact should be so stated above.