

FILED JUN 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15083

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5164 Registrar's No. 180

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY OR TOWN Fulton Burgs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION D.K. Found in Mo River			
3. NAME OF DECEASED (Type or Print) a. (First) Thomas		b. (Middle) A	
		c. (Last) Thorp	
4. DATE OF DEATH (Month) (Day) (Year) May 19 1949			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct-25-1889
9. AGE (In years last birthday) 59		10. UNDER 1 YEAR Months 6	11. UNDER 24 HRS. Days 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Pike County, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME George Thorp		13b. MOTHER'S MAIDEN NAME Ella C. Mayhews	
14. NAME OF HUSBAND OR WIFE Deceased			
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'S SIGNATURE OR NAME Mrs. Ella Arney - Fulton, Mo. R.F.D. 1		ADDRESS	
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) was found dead in River ANTECEDENT CAUSES (b) had been shot through chest cavity Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) died of hemorrhage caused by pistol shot wound II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Billet found in back under the skin	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) unknown	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Callaway Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) The 19th of May 1949		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> I think this was shot and thrown in river	
22. I hereby certify that I attended the deceased from and through his life until I last saw the deceased alive on _____, 19____, and that death occurred on _____, 19____, from the causes and on the date stated above.			
23a. SIGNATURE M. Barrett		23b. ADDRESS Carrose Fulton Mo	
23c. DATE SIGNED May 24 1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 23 1949	
24c. NAME OF CEMETERY OR CREMATORY Hillcrest		24d. LOCATION (City, town, or county) (State) Fulton Mo	
DATE REC'D BY LOCAL REG. May 24 1949		REGISTRAR'S SIGNATURE M. Barrett	
426		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wallace Funeral Home Fulton Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

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Date Filed JUN 1 1949
District File Number

District Health Officer No. 9

RECEIVED

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.

Student _____
Student Embalmer

Signed Wenzel C. Browning

Licensed Embalmer No. 2724

P. O. Address Fuller and

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.