

FILED JUN 1 1949

## STANDARD CERTIFICATE OF DEATH

State File No. 15142

BIRTH NO.		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 170	
1. PLACE OF DEATH a. COUNTY Cape County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Cape Girardeau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau			
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Mo. Hospital				d. STREET ADDRESS (If rural, give location) 1554 Ran Street			
3. NAME OF DECEASED (Type or Print) a. (First) Colleen b. (Middle) c. (Last) Thorne			4. DATE OF DEATH (Month) (Day) (Year) 5 21 1949				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) Single	8. DATE OF BIRTH 1-3-1938		9. AGE (In years last birthday) 11	IF UNDER 1 YEAR 4 Months 18 Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Jackson, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Delbert W. Thorne			13b. MOTHER'S MAIDEN NAME Jewell Niswonger		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) -		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Melburn W. Thorne Cape Girardeau Mo			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal injuries  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH  9340  22
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1554 Ran St		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cape Girardeau Cape Girardeau Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-21-49-7:00		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Tornado		115	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE E.P. Trickett (Degree or title) Coroner 2			23b. ADDRESS 4 - S. Pacific St Cape Girardeau Mo			23c. DATE SIGNED 1949 May 21	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-25-1949	24c. NAME OF CEMETERY OR CREMATORY Russell Heights		24d. LOCATION (City, town, or county) (State) Jackson, Missouri		
DATE REC'D BY LOCAL REG. S-26-49		REGISTRAR'S SIGNATURE T.C. Summers		44		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H.P. Leman Cape Girardeau Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

16

7

RECEIVED

District Health Officer No. 4

District File Number 549-724

Date Filed 5-31-49

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 \_\_\_\_\_

*L. H. Hansen*

Licensed Embalmer No. 2863

P. O. Address San Francisco

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.