

FILED JUL 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22701**

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

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BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>263</u>		
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter</u>		1" 3" 3" 1" 1"		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Hospital</u> <u>D</u>				d. STREET ADDRESS (If rural, give location) <u>So. Walnut St.</u>				
3. NAME OF DECEASED a. (First) <u>Alonzo</u> (Type or Print)			b. (Middle) _____		c. (Last) <u>Thrower</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 2, 1949</u>	
5. SEX <u>Male</u> <u>D</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> <u>1</u>		8. DATE OF BIRTH <u>April 24, 1881</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>8</u>	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>clothing store</u>		11. BIRTHPLACE (State or foreign country) <u>Stoddard County, Mo.</u> <u>D</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		
13a. FATHER'S NAME <u>Wm. W. Thrower</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Howell</u>		14. NAME OF HUSBAND OR WIFE <u>Lula Thrower</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>--</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lula Thrower, Dexter, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Insufficiency</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>47 2 2</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 da</u> <u>Unknown</u>
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)		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) (Min.)		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>June 28, 1949</u> , to <u>July 2, 1949</u> , that I last saw the deceased alive on <u>July 2, 1949</u> , and that death occurred at <u>4:35 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Licensee or title) <u>Wm. H. Johnson</u>				23b. ADDRESS <u>Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>July 7-1949</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-5-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dexter</u>		24d. LOCATION (City, town, or county) (State) <u>Dexter, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7-13-49</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Strickland-Rainey</u>		ADDRESS <u>Dexter, Mo.</u>		

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JUL 19 1979

BUTLER COUNTY HEALTH CENTER  
POPLAR BLUFF, MISSOURI

749-191

**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 *J. S. Stueckert*  
Licensed Embalmer No. 3479

P. O. Address Wright Mo

**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.**