

FILED DEC 12 1950

STANDARD CERTIFICATE OF DEATH

State File No. 37817

BIRTH NO. _____		REG. DIST. NO. <u>225</u>		PRIMARY REG. DIST. NO. <u>5997</u>		Registrar's No. <u>27</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Moniteau</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Fortuna</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Moniteau</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Fortuna</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fortuna</u>		<u>0680</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No street address</u>				d. STREET ADDRESS (If rural, give location) <u>No street address</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Christopher</u>		b. (Middle) <u>Amanus</u>		c. (Last) <u>Thormann</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 5, 1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>9/22/1871</u>		9. AGE (In years last birthday) <u>79</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Morgan County, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work for 10 years or control activity if retired) <u>School teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Morgan County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>William F. Thormann</u>		13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Thoss</u>		14. NAME OF HUSBAND OR WIFE <u>---</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Claud Woolery, Fortuna, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart failure</u>				<u>10 days</u>	
		ANTECEDENT CAUSES		DUE TO (b) <u>Chronic myocarditis</u>		<u>years</u>	
				DUE TO (c)		<u>11 1/2</u>	
		II. OTHER SIGNIFICANT CONDITIONS		<u>Influenza</u>		<u>Nov 15, 1950</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)		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>Nov 24</u> , 19 <u>50</u> , to <u>Dec 5</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Dec 4</u> , 19 <u>50</u> , and that death occurred at <u>8:30</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. L. Washburn M.D.</u>				23b. ADDRESS <u>Versailles, Mo</u>		23c. DATE SIGNED <u>Dec 7, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/6/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Akinsville</u>		24d. LOCATION (City, town, or county) (State) <u>Akinsville Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 8-1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Maude Hudson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James E. Richards</u>		ADDRESS <u>Tipton, Mo</u>	

(Licensed Embalmers Statement on Reverse Side)

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

RECEIVED

12-11-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12-11-50

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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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed

Jessie E. Richards

Signed.....

Student Embalmer

Licensed Embalmer No. 2466

P. O. Address Tipton, 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.