

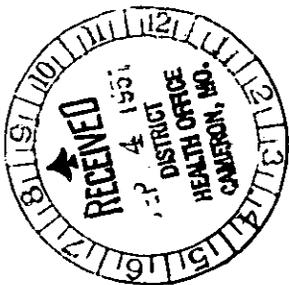
FILED SEP 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26443

|   |  |  |   |  |   |   |                          |
|---|--|--|---|--|---|---|--------------------------|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>74</u>   |   | PRIMARY REG. DIST. NO. <u>4136</u>   |   | Registrar's No. <u>34</u>   |                          |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Clinton</u><br><u>0250</u>  |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Clinton</u> |   |   |                          |
| b. CITY OR TOWN <u>Plattsburg</u>   |  | c. LENGTH OF STAY (In this place) <u>8 year</u>  |   | c. CITY OR TOWN <u>Plattsburg</u><br><u>0250</u>   |   |   |                          |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>302 Broadway</u>   |  |  |   | d. STREET ADDRESS (If rural, give location) <u>302 Broadway</u><br><u>0</u>  |   |   |                          |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Eliza</u><br>b. (Middle) <u>J</u><br>c. (Last) <u>THORNHILL</u>  |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>August 27, 1951</u> |  |   |   |                          |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>white</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>                            | 8. DATE OF BIRTH <u>April 1, 1863</u>                           |  | 9. AGE (In years last birthday) <u>88</u>                           | IF UNDER 1 YEAR<br>Months   | IF UNDER 2 HRS.<br>Hours |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>houseworker</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>   |   | 11. BIRTHPLACE (State or foreign country) <u>0</u><br><u>Platte County, Missouri</u>   |   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |                          |
| 13a. FATHER'S NAME <u>Unknown</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Unknown</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 <u>Chas Kirk - Amarillo Texas</u><br>ADDRESS   |   |   |                          |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 Mo</u>                                     |                          |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION <u>4222</u>   |  |   |  |   | 20. AUTOPSY?<br>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) m.  |  | 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>Aug 19, 1951</u> , to <u>Aug 27, 1951</u> , that I last saw the deceased alive on <u>Aug 19, 1951</u> , and that death occurred at <u>2</u> m., from the causes and on the date stated above. |  |  |   |  |   |   |                          |
| 23a. SIGNATURE (Degree or title) <u>W. B. Baldwin, M.D.</u>   |  |  |   | 23b. ADDRESS <u>Plattsburg, Mo</u>   |   | 23c. DATE SIGNED <u>Aug 27-51</u>   |                          |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>8/29/51</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u>             |  | 24d. LOCATION (City, town, or county) (State) <u>Plattsburg, Mo</u> |   |                          |
| DATE REC'D BY LOCAL REG. <u>Sept 1-1951</u>   |  | REGISTRAR'S SIGNATURE <u>Elizabeth Pearce</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>James R. Guston</u>  |   | ADDRESS <u>Plattsburg Mo</u>  |                          |

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



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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4758

P. O. Address Plattsburg, 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.