

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32543

State File No.

FILED SEP 30 1952

BIRTH NO.		REG. DIST. NO. <u>277</u>		PRIMARY REG. DIST. NO. <u>5950</u>		Registrar's No. <u>34</u>		
1. PLACE OF DEATH a. COUNTY <u>Pike</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>GAZETTE - Hartford Sup.</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Gazette - Hartford Sup</u>		d. STREET ADDRESS (If rural, give location) <u>88???</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Orin</u>		b. (Middle) <u>Lee</u>		c. (Last) <u>Thorpe</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 14 1952</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Mar 10 1868</u>		
9. AGE (In years last birthday) <u>84</u>		# UNDER 1 YEAR		# UNDER 1 YEAR		# UNDER 1 MIN.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Middletown, Mo</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>David H Coppenhaver</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Moore</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Wallace Thorpe</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Emer Barnes</u>			
17. ADDRESS <u>Middletown, 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>Apoplexy</u>				<u>5 days</u>				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Hypertension</u> <u>3 yrs.</u>				
DUE TO (c) <u>Arteriosclerosis</u> <u>10 yrs.</u>								
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 <u>334X</u>				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>8-18</u> , 1952, to <u>9-14</u> , 1952, that I last saw the deceased alive on <u>9-13</u> , 1952, and that death occurred at <u>5 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>William W. Jones, P.O.</u>				23b. ADDRESS <u>Ladonia Missouri</u>		23c. DATE SIGNED <u>9-15-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Sept 16, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rest Birtown</u>		24d. LOCATION (City, town, or county) (State) <u>Rhinecland Mo</u>		
DATE REC'D BY LOCAL REG. <u>9-25-52</u>		REGISTRAR'S SIGNATURE <u>Bill Robinson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm W Butler, Bonyon Bury</u>		ADDRESS <u>90</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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

John M. Butler

Licensed Embalmer No. 4447

P. O. Address Lawley Court

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.