

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39707**
Registrar's No. **353**

FILED NOV 25 1952

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 353		
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Miller				
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. LENGTH OF STAY (If this place) 1 WK		c. CITY (If outside corporate limits, write RURAL and give township) Ulman		0660		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1820 E. 9				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) William Edmond Thornsberry			4. DATE OF DEATH Nov. 10, 1952					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH March 19, 1884		
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 7 Days 20		IF UNDER 24 Hrs. Hours Mins. 				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Banker			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Brunley, Mo		12. CITIZEN OF WHAT COUNTRY? usa	
13a. FATHER'S NAME Lee Thornsberry			13b. MOTHER'S MAIDEN NAME Anaunda Martin			14. NAME OF HUSBAND OR WIFE Lena Thornsberry		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chas. S. Wendt - 1820 E. 9				
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						INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Principol Vascular Collapse						2 hrs		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						18 Mo.		
DUE TO (b) myocardial infarction								
DUE TO (c) Arterio Sclerotic Heart Disease						P		
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 47-00				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 Nov. 10, 1952 , to Nov. 10, 1952 , that I last saw the deceased alive on Nov. 10, 1952 , and that death occurred at 1:15 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Thomas J. Hopkins, M.D.				23b. ADDRESS Sedalia, Mo.		23c. DATE SIGNED 11/11/52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 13, 1952		24c. NAME OF CEMETERY OR-CREMATORY Brunley		24d. LOCATION (City, town, or county) (State) Brunley, Mo		
DATE REC'D BY LOCAL REG. 11-12-52		REGISTRAR'S SIGNATURE W. Campbell		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Laughlin Bros. - Sedalia Mo.				

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

NOV 3 1954

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.P.M. Corary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.