

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9615**

FILED MAR 17 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **139** PRIMARY REG. DIST. NO. **4224** Registrar's No. **19**

0440  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Holt</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Holt</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Forest City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Forest City</b> <b>0440</b>	
c. LENGTH OF STAY (in this place) <b>77 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Laura</b> b. (Middle) <b>Leota</b> c. (Last) <b>Thornhill</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 9 1953</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 20 1866</b>
9. AGE (In years last birthday) <b>86</b>		IF UNDER 1 YEAR Months <b>86</b>	IF UNDER 1 YEAR Days <b>86</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Page Co. Iowa</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Jesse Lee Thornhill</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Social Security Office Mound City Mo.</b> ADDRESS

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) <b>Cerebral Vas. Accident Hemorrhage</b>		<b>2 weeks</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b> <b>Unknown</b>		
DUE TO (c) <b>4200</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Syptrophic Arterio-Arthritis</b> <b>Unknown</b>			
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 **Nov 1**, 19**52**, to **3-8**, 19**53**, that I last saw the deceased alive on **3-8**, 19**53**, and that death occurred at **10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Isaac A. Sweeney</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>OREGON, MO</b>	23c. DATE SIGNED <b>3-13-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>March 13 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Forest City</b>
24d. LOCATION (City, town, or county) (State) <b>Forest City Missouri</b>		

DATE REC'D BY LOCAL REG. <b>3/13/53</b>	REGISTRAR'S SIGNATURE <b>James H. Crawford</b> <b>469</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>James H. Pritchard</b> ADDRESS <b>Oregon Mo</b>
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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 James H. Pettigrew  
Licensed Embalmer No. 3192  
P. O. Address Oregon, 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.