

7
No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36786

State File No.

FILED OCT 20 1953

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 209

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla</u>	c. LENGTH OF STAY (In this place) <u>Transit</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sullivan</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 66, East City Limits</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ASA</u>	b. (Middle)	c. (Last) <u>THORPE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 10, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 13, 1887</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance Work</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Theater</u>	11. BIRTHPLACE (State or foreign country) <u>Bowling Green, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Charley Thorpe</u>	13b. MOTHER'S MAIDEN NAME <u>Annie Poindexter</u>	14. NAME OF HUSBAND OR WIFE <u>Grace</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>494-18-2171</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Grace Thorpe</u>	ADDRESS <u>Sullivan, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Instant.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Laceration of Brain.</u> <u>Multiple fractures of skull and face.</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Internal injuries of thoracic and abdominal cavities. Coupound fracture of right lower limb, and fracture of left shoulder, lacerations of head and face.</u> DUE TO (c)		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HiWay 66</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rolla Phelps Mo.,</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>Oct. 10 1953 3:20 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Walking across highway and struck by passing automobile.</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased Dead on _____, 19____, and that death occurred at 3:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Nadine L. Stoll</u> Coroner	23b. ADDRESS <u>508 West 8th, Rolla Mo.,</u>	23c. DATE SIGNED <u>10/11/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 14, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Gardens</u>	24d. LOCATION (City, town, or county) (State) <u>Rolla, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 12, 1953</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</u>	ADDRESS <u>Rolla, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

County File Number _____
Date Filed _____ 10-14-33

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 _____ *Paul E. Null*

Signed _____
Student Embalmer

Licensed Embalmer No. *4498*

P. O. Address _____ *Rolla, 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.