

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **36937**

FILED OCT 26 1953

BIRTH NO. **24** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **3059** Registrar's No. **352**

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

1. PLACE OF DEATH a. COUNTY <b>St. Francis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Francis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bonne Terre</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Flat River</b>	
c. LENGTH OF STAY (In this place) <b>9d.</b>		d. STREET ADDRESS (If rural, give location) <b>24 EAST MAIN</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bonne Terre Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Home</b> b. (Middle) <b>O.</b> c. (Last) <b>Thorppe</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 10, 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct 23, 1899</b>	9. AGE (In years last birthday) <b>52</b>	if UNDER 18: (Month) (Day) (Year) <b>11/77</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>MINING</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Marys, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>JAMES Thorpe</b>		13b. MOTHER'S MAIDEN NAME <b>Lohene Chandler</b>		14. NAME OF HUSBAND OR WIFE <b>HALLIE Thorpe</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>495-05-9510</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Home Thorpe</b> ADDRESS <b>Flat River, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Traumatic Shock</b>		II. OTHER SIGNIFICANT CONDITIONS			<b>1 day</b>
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANCECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) <b>Contusion Rt Chest</b>			
		DUE TO (c)			
		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>E9122</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>10 MINE Leadington</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Leadington St Francis MO</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Oct 9 53 9A m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Run over by mine car.</b>	

22. I hereby certify that I attended the deceased from **10-9**, 1953, to **10-10**, 1953, that I last saw the deceased alive on **10-10**, 1953, and that death occurred at **2 P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. H. Appberry MD</b>		23b. ADDRESS <b>Flat River MO</b>		23c. DATE SIGNED <b>10-10-53</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>10-13-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ST. FRANCIS MEM. PARK</b>	
24d. LOCATION (City, town, or county) (State) <b>Near Bonne Terre, MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Raymond Caldwell</b>		ADDRESS <b>Flat River, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Oct. 13, 1953</b>		REGISTRAR'S SIGNATURE <b>E. Peter Pudloff</b>		289-71	

DEC 23 1953

JAN 25 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 *R. Caldwell* .....

Licensed Embalmer No. *2531* .....

P. O. Address *Flat River, 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.