

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37205

State File No. ....

FILED DEC 14 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5534 Registrar's No. 76

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

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY OR TOWN <u>Forest City Rural</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>Forest City Rural</u>	
c. LENGTH OF STAY (in this place) <u>Lifetime</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 Miles North Forest City</u> (If not in hospital or institution, give street address or location)		e. STREET ADDRESS <u>2 Miles North</u> (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <u>Dora</u>		a. (First) <u>May</u> b. (Middle) <u>Thornhill</u> c. (Last) <u>Thornhill</u>		4. DATE OF DEATH <u>December 4, 1954</u> (Month) (Day) (Year)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>February 16, 1873</u>		9. AGE (In years last birthday) <u>81</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Forest City, Missouri.</u>	
13a. FATHER'S NAME <u>William Hamilton</u>		13b. MOTHER'S MAIDEN NAME <u>Cordelia Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Thornhill</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jay Thornhill</u> ADDRESS <u>Forest City, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

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) <u>Coronary Arteriosclerosis</u>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
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"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Oregon</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Holt Mo</u>	
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? <u>331 X</u>	

22. I hereby certify that I attended the deceased from Dec 2, 1954, to Dec 4, 1954, that I last saw the deceased alive on Dec 4, 1954, and that death occurred at 10 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. F. Kearney M.D.</u>		23b. ADDRESS <u>Oregon, Mo.</u>		23c. DATE SIGNED <u>12-6-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Dec. 7, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest City Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Forest City, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>12-7-1954</u>		REGISTRAR'S SIGNATURE <u>James H. Crawford</u> 468		25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Pettigrew</u> ADDRESS <u>Oregon Mo.</u>	
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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.....  
Signature of Student Embalmer

Signed.....  
*James H. Pittjahn*

Licensed Embalmer No. 3192

P. O. Address... Oregon

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.