

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14472

State File No.

FILED MAY 9 1955

BIRTH NO. REG. DIST. NO. 364 PRIMARY REG. DIST. NO. 10237 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Hickory-Grove	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Rural Hickory-Grove	d. Is Residence within limits of a city or incorporated town? No <input type="checkbox"/> Yes <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		f. STREET ADDRESS (If rural, give location) 109th 0	

3. NAME OF DECEASED (Type or Print) a. (First) Cora b. (Middle) Ellen c. (Last) Thoroughman			4. DATE OF DEATH (Month) (Day) (Year) April 26 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 9 1871	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days Hours Mts.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Atchison Kansas		12. CITIZEN OF WHAT COUNTRY? U.S

13a. FATHER'S NAME William Ballard	13b. MOTHER'S MAIDEN NAME A. Martin	14. NAME OF HUSBAND OR WIFE Emmett Thoroughman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Della Thoroughman Marthasville

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Endocarditis		INTERVAL BETWEEN ONSET AND DEATH 2 WKS
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Hypertensive Vascular Disease	15 yrs
	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 443x	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 **10-22-1950**, to **4-26-1955**, that I last saw the deceased alive on **4-21-1955**, and that death occurred at **7:30P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) R. Beckmeyer	23b. ADDRESS Wright City	23c. DATE SIGNED 4-27-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 29 1955	24c. NAME OF CEMETERY OR CREMATORY Wright City Cem
		24d. LOCATION (City, town, or county) (State) Wright City MO

DATE REC'D BY LOCAL REG. April 27-55	REGISTRAR'S SIGNATURE Mrs. Forest W. Hughes	335-e	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Nieburg Furn & Und Co Wright City Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Julius J. Feiburg*.....
Licensed Embalmer No. *336*

P. O. Address *Wright City*

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.