

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **19321**

FILED JUL 5 - 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **178** PRIMARY REG. DIST. NO. **4281** Registrar's No. **41**

1. PLACE OF DEATH a. COUNTY <b>Lewis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lewis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Canton</b>		c. LENGTH OF STAY (in this place) <b>14</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>La Belle</b>	
d. STREET ADDRESS (If rural, give location)		4. DATE OF DEATH (Month) (Day) (Year) <b>June 30, 1955</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ruma</b>		b. (Middle) <b>D.</b>	
c. (Last) <b>Throckmorton</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>December 29, 1962</b>		9. AGE (In years last birthday) <b>92</b> IF UNDER 1 YEAR Months <b>6</b> Days <b>1</b> IF UNDER 24 HRS. Hours <b>1</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Marion County</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William Johnson</b>		13b. MOTHER'S MAIDEN NAME <b>Louisa Dale</b>	
14. NAME OF HUSBAND OR WIFE <b>Charles Throckmorton</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -----	
16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Eb. Lewis</b>	
ADDRESS <b>Canton, Missouri</b>		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.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 days.</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>		<b>5 yrs.</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 <b>332 X</b>	
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 <b>Aug 9, 1953</b> , to <b>June 30, 1955</b> , that I last saw the deceased alive on <b>June 29, 1955</b> , and that death occurred at <b>11:50 P. M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Hendsey Davis M.D.</b>		23b. ADDRESS <b>Canton Mo.</b>	
23c. DATE SIGNED <b>July 1955</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/2/1955</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>La Belle Cemetery</b>		24d. LOCATION (City, town, or county) <b>La Belle, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>7-2-55</b>		REGISTRAR'S SIGNATURE <b>P. W. Jennings, M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Ed. L.</b>		ADDRESS <b>La Belle, Mo.</b>	

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 Meyer

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4328

P. O. Address Sp. Bell, 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.