

No. 300
10-48

FILED FEB 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43414**

BIRTH NO. _____ REG. DIST. NO. **217** PRIMARY REG. DIST. NO. **4329** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give town) Wyatt		c. CITY OR TOWN Wyatt	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 5 Years		e. STREET ADDRESS (If rural, give location) Wyatt, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence Wyatt, Mo.		f. STREET ADDRESS (If rural, give location) Wyatt, Mo.	
3. NAME OF DECEASED (Type or Print) a. (First) Lilly b. (Middle) Pearl c. (Last) Thornton			4. DATE OF DEATH (Month) (Day) (Year) 12/31/55
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 1/15/1921
9. AGE (In years last birthday) 34		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	11. BIRTHPLACE (City and State or Foreign Country) Bowling Green, Ky.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY At Home	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Arthur Thornton		13b. MOTHER'S MAIDEN NAME Carrie Kitchens	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Arthur Thornton, Wyatt, Mo.
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) Valvular Heart Disease (Mitral Stenosis) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (Rheumatic) 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 none		19b. MAJOR FINDINGS OF OPERATION none	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 410X	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 23, 1955 to 12/31, 1955 , that I last saw the deceased alive on 12/31, 1955 , and that death occurred at 10:15 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) E. Chia Rolwing, M.D.		23b. ADDRESS Charleston, Mo.	23c. DATE SIGNED 1/6/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/3/56	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	24d. LOCATION (City, town, or county) (State) Charleston, Mo.
DATE REC'D. BY LOCAL REG. 2/2/56	REGISTRAR'S SIGNATURE Gene Heaver	25. FUNERAL DIRECTOR'S SIGNATURE John Hummel	ADDRESS The Nunhalee Funeral Chapel, Charleston, Mo.

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miss. Co. Health Dept
County File No. FEB 9
Date Filed FEB 9

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 *John P. Munnick*.....

Licensed Embalmer No. 385

P. O. Address... *Charleston*.....

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.