

No. 300
10.48

FILED MAY 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13836**

BIRTH NO. _____ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **3033** Registrar's No. **84**

1. PLACE OF DEATH a. COUNTY Laclede.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give township) Lebanon, Mo.		c. LENGTH OF STAY (in this place) 9 days	c. CITY OR TOWN Crocker, Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallace Hospital.		e. STREET ADDRESS (If rural, give location) Rural Rt. 1	

3. NAME OF DECEASED (Type or Print) Opal	a. (First)	b. (Middle) A.	c. (Last) Thornsberry	4. DATE OF DEATH (Month) (Day) (Year) 5/6/56
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5. SEX Male	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.	8. DATE OF BIRTH March 22, 1901	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.	10b. KIND OF BUSINESS OR INDUSTRY None.	11. BIRTHPLACE (City and State or Foreign Country) Texas Co. Palace, Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Levi Thornsberry	13b. MOTHER'S MAIDEN NAME Effie Bartlett.	14. NAME OF HUSBAND OR WIFE Crochia Mae (Smith)
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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. Unknown.	17. INFORMANT'S SIGNATURE OR NAME Crochia Mae Thornsberry, Crocker, Mo	ADDRESS
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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		RULING INTERVAL BETWEEN ONSET AND DEATH 10 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterial hypertension		
DUE TO (c)		Unknown	
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 331x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **4-30, 1956** to **5/6, 1956**, that I last saw the deceased alive on **5-5, 1956**, and that death occurred at **5:00 AM**, from the causes and on the date stated above.

23a. SIGNATURE J. H. Johnson	(Degree or title) MD	23b. ADDRESS Lebanon, Missouri	23c. DATE SIGNED 5-6-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5/6/56	24c. NAME OF CEMETERY OR CREMATORY Bethlehem Cemetery	24d. LOCATION (City, town, or county) (State) Crocker, Mo Rural
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DATE REC'D BY LOCAL REG. 5-6-1956	REGISTRAR'S SIGNATURE Blilla L. Day	25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS W. H. Hedges, Ruchland MO Hedges Funeral Home, Crocker, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

24

MAY 15 1956

Received 5-14-56
Macled County Health Unit
File No. 84
Date Filed 5-14-56

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 Clarence Thross

Licensed Embalmer No. 489

P. O. Address Waynesville

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.