

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15348**

FILED MAY 8 1956

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **6225** Registrar's No. **28**

1. PLACE OF DEATH a. COUNTY VERNON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Rural Washington	c. LENGTH OF STAY (in this place) 3 Month	c. CITY OR TOWN Independence	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital #3		e. STREET ADDRESS (If rural, give location) 2413 Harvard 1001	

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Nicholas c. (Last) Thornhill			4. DATE OF DEATH (Month) (Day) (Year) April 29 1956		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 3 1895	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 3 Days 26 IF UNDER 2 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Book Binder		10b. KIND OF BUSINESS OR INDUSTRY Printing	11. BIRTHPLACE (City and State or Foreign Country) Bellings Mo		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Lafayette Thornhill		13b. MOTHER'S MAIDEN NAME Hattie Bray		14. NAME OF HUSBAND OR WIFE Mary Thornhill	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 211-9640		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Thornhill Judge	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cerebral Hemorrhage		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 10 min	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease		10 years	
		DUE TO (c) Reactive Depression		5 months	
		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) None		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 **Jan 17, 1956**, to **April 24, 1956**, that I last saw the deceased alive on **April 29, 1956**, and that death occurred at **5:45 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank J. Uyeuw, M.D.		23b. ADDRESS State Hosp # 3		23c. DATE SIGNED April 29 1956	
24a. BURIAL CREMATION REMOVAL (Specify) Removal		24b. DATE 4-29-56		24c. NAME OF CEMETERY OR CREMATORY Local	
				24d. LOCATION (City, town, or county) (State) Kansas City Mo	

DATE REC'D BY LOCAL REG. 4-30-56		REGISTRAR'S SIGNATURE Anna E. Ferry		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hays Funeral Service, Inc. Nevada, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

300
48
2
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 23 1956

MAY 8 1956

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 *H. H. Marmaduke*.....

Licensed Embalmer No. *2057*

P. O. Address *Irindale*

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..