

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30667
STATE FILE NUMBER

FILED AUG 20 1957

Registration District No. 378 Primary Registration District No. 6286 Registrar's No. 35

| | | | | | | | |
|---|------------------|--|--|---|---------------------------------|--|--|
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | | | |
| a. COUNTY <u>Wright</u> | | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mountain Grove (Wood twp)</u> | | a. STATE <u>Missouri</u> | | b. COUNTY <u>Wright</u> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R.F.D. # 5</u> | | Length of stay in lb <u>Life</u> | | c. CITY OR TOWN <u>Mountain Grove</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| | | | | d. STREET ADDRESS <u>Wood twp - R.F.D. # 5</u> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH | | | Month Day Year | |
| First <u>Martha</u> Middle <u>Lillian</u> Last <u>Thornhill</u> | | | July | | | 30, 1957 | |
| 5. SEX | 6. COLOR OR RACE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> | 8. DATE OF BIRTH | 9. AGE (In years last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. | |
| <u>Female</u> | <u>White</u> | WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | <u>September 3, 1985</u> | <u>71</u> | Months <u>10</u> Days <u>27</u> | Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) | | 12. CITIZEN OF WHAT COUNTRY? | |
| <u>At home</u> | | <u>Housewife</u> | | <u>Wright County, Missouri</u> | | <u>U.S.A.</u> | |
| 13. FATHER'S NAME | | | | 14. MOTHER'S MAIDEN NAME | | | |
| <u>Alay Lathrom</u> | | | | <u>Elizabeth Crider</u> | | | |
| 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 Address | | | |
| <u>No</u> | | <u>---</u> | | <u>Bernie Thornhill Mtn. Grove, Missouri</u> | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART I. DEATH WAS CAUSED BY: | | | | | | <u>12 hrs.</u> | |
| IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> | | | | | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | |
| DUE TO (b) <u>Coronary Thrombosis</u> | | | | | | | |
| DUE TO (c) _____ | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| | | | | | | <u>4201</u> | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | |
| 20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| | | | | | | | |
| 21. I attended the deceased from <u>July 29, 57</u> to <u>July 30, 57</u> and last saw her/him alive on <u>July 30, 57</u> . Death occurred at <u>12:30 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) | | | | 22b. ADDRESS | | 22c. DATE SIGNED | |
| <u>Richard H. Mitchell</u> | | | | <u>Mtn Grove, Mo</u> | | <u>8-5-57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE | | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) (State) | |
| <u>Burial</u> | | <u>August 1, 1957</u> | | <u>Friendship Cemetery</u> | | <u>Wright County, Missouri</u> | |
| 24. FUNERAL DIRECTOR ADDRESS | | | | 25. DATE RECD. BY LOCAL REG. | | 26. REGISTRAR'S SIGNATURE | |
| <u>R.W. Barber</u> | | | | <u>8-12-57</u> | | <u>A.B. Ames</u> | |
| <u>Mountain Grove, Missouri</u> | | | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-13-1957

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 *George Stapp*

Licensed Embalmer No. 3

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.