

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30196-58

58-017417

STATE FILE NUMBER

JUN 2 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 547

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Joseph 0110</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. Methodist Hosp.</u>		Length of stay in lb <u>11 days</u>	d. STREET ADDRESS (If outside, give location) <u>Mo. Methodist Hosp</u>
3. NAME OF DECEASED (Type or print)		First <u>Julie</u>	Middle <u>Ann</u>
		Last <u>Thorson</u>	4. DATE OF DEATH Month <u>May</u> Day <u>23</u> Year <u>1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 12, 1958</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE (In years last birthday) Months <u>11</u> Days <u>11</u> Hours <u>—</u> Min. <u>—</u>
11a. BIRTHPLACE (City and state or country) <u>St. Joseph, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Norman Thorson</u>		13b. MOTHER'S MAIDEN NAME <u>Blanche Gabriel</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <u>No</u> or unknown) (If yes, <u>No</u> war or dates of service)	
16. SOCIAL SECURITY NO. <u>None</u>		17. INEDRMAN <u>Norman Thorson, Sathrop, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Malnutrition</u>			INTERVAL BETWEEN ONSET AND DEATH <u>11 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Congenital atresia upper small bowel</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) <u>7562</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT <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>birth</u> to <u>May 23, 1958</u> and last saw <u>her</u> alive on <u>May 23, 1958</u> Death occurred at <u>8:30 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>F. Luckenbill MD</u> (Degree or title)		22b. ADDRESS <u>Plattsburg, Mo.</u>	
		22c. DATE SIGNED <u>5-24-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	
<u>Burial</u>		<u>May 26, 1958</u>	
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Sathrop Cemetery</u>		<u>Sathrop, Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG.	
<u>Lyon Funeral Home, Plattsburg, Mo.</u>		<u>May 26, 1958</u>	
26. REGISTRAR'S SIGNATURE <u>Mr. Clark Gardell</u>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{was not} ~~was~~ embalmed
by me, ~~or by~~, Student Embalmer No.
~~working under my personal supervision.~~

Student
Signature of Student Embalmer

Signed *Phillip E. Cox*

Licensed Embalmer No. *4993*

P. O. Address *Stamberg St*

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.