

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021443
STATE FILE NUMBER

FILED JUL 10 1958 Registration District No. 107 Primary Registration District No. 5422 Registrar's No. 103

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Dunklin | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Dunklin | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Gobler Star Rt. | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN Kennett Mo. 63520 |
| c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION County Line Road Near Gobler Mo. | | Length of stay in lb | d. STREET ADDRESS (If outside, give location) 227 North Main |
| 3. NAME OF DECEASED (Type or print) First Arthur Middle Conrad Last Thrower | | | 4. DATE OF DEATH Month 6- Day 22- Year 1958 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2-DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Aug. 25- 1888 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer | | 10b. KIND OF BUSINESS OR INDUSTRY Printing Shop | 11. BIRTHPLACE (City and state or country) Dexter Mo. |
| 13a. FATHER'S NAME Albert Thrower | | 13b. MOTHER'S MAIDEN NAME Riddle | 14. NAME OF HUSBAND OR WIFE Deceased |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes War II | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Whitney Thrower Address Kennett Mo. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accidental Drowning | | | INTERVAL BETWEEN ONSET AND DEATH 3 min. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | 9299 42 |
| 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"/> 2 |
| 20a. ACCIDENT <input checked="" 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.) Drowned | | |
| 20c. TIME OF INJURY Hour 1.00 a.m. 6-22-58 p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Gobler Star Rt | 20f. CITY, TOWN, OR LOCATION 035 COUNTY Dunklin STATE Mo. | |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 1:03 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Doses only) Quinton Terver, M.D. Coroner | | 22b. ADDRESS Kennett Mo. | 22c. DATE SIGNED 7-1-58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 6-25-58 | 23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery | 23d. LOCATION (City, town, or county) (State) Kennett Mo. |
| 24. FUNERAL DIRECTOR Lentz Service | | ADDRESS Kennett Mo. | DATE RECD. BY LOCAL REG. July 1-1958 |
| REGISTRAR'S SIGNATURE Carl Husband | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED DUNKLIN COUNTY HEALTH DEPARTMENT

JUN 16 1956

DEPARTMENT 7-8-5

COUNTY FILE NUMBER 758

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 *Edgar Lee Hark*
Licensed Embalmer No. 4433
P. O. Address Kennett Mo.

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.