

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012251

STATE FILE NUMBER

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FILED MAY 12 1959

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 57

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1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Butler <u>0070</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Butler Hosp.		Length of stay in lb 2 days	d. STREET ADDRESS (If outside, give location) R.F.D. 2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Easthem Middle --- Last Thornhill			4. DATE OF DEATH Month May Day 3 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 1, 1888	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 71 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS Hours 0 Min. 0
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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 Farming	11. BIRTHPLACE (City and state or country) Boonville, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Easthem Thornhill	13b. MOTHER'S MAIDEN NAME Fannie	14. NAME OF HUSBAND OR WIFE Emma Thornhill
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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. 490 42 2043	17. INFORMANT Emma Thornhill Address Butler, Mo. Rt 2
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral edema		INTERVAL BETWEEN ONSET AND DEATH 48 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) left side heart failure	14 months
	DUE TO (c) nephritic syndrome	3 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Hypertension, Cardiac asthma and angina pectoris

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour 5:30 A. 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 Butler, Mo	COUNTY Bates STATE Missouri
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21. I attended the deceased from Sept. 10, 1955 to May 3rd '59 and last saw ^{her} _{him} alive on May 3rd, 1959 Death occurred at 5:30 A. m. of the date stated above; and to the best of my knowledge from the causes stated.
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22a. SIGNATURE L. S. Laffner, M.D. (Degree or title)	22b. ADDRESS Wynia Alley, Butler, Mo.	22c. DATE SIGNED 5/5/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-5-1959	23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery	23d. LOCATION (City, town, or county) Butler, Mo (State)
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24. FUNERAL DIRECTOR Culver-Underwood ADDRESS Butler, Mo	25. DATE RECD. BY LOCAL REG. May 5-1959	26. REGISTRAR'S SIGNATURE Rendall Korman
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Robert G. Stenback*

Licensed Embalmer No. *4657*
P. O. Address *Bettles*

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.