

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-025534

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3655

1. PLACE OF DEATH a. COUNTY Jackson		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 Kansas City		Length of stay in lb 10 Weeks	c. CITY OR TOWN Butler Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 619 W. Harrison Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First DAVID Middle A. Last THORNE			4. DATE OF DEATH Month July Day 20 Year 1961			
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 11-4-95	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator -		10b. KIND OF BUSINESS OR INDUSTRY Drive-In	11. BIRTHPLACE (City and state or country) Paragould, Arkansas	12. CITIZEN OF WHAT COUNTRY USA		

13a. FATHER'S NAME Thomas Thorne	13b. MOTHER'S MAIDEN NAME Anna Larkin	16. NAME OF HUSBAND OR WIFE Esther Ann Thorne
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		17. INFORMANT Esther Ann Thorne's Wife Butler, Mo. Official Records VA Hospital, K.C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cerebral edema and cardiac failure		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Breakdown of esophagogastric anastomosis	
	DUE TO (c) Gastrectomy for carcinoma of stomach	7 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
20c. TIME OF INJURY Hour VA Month, Day, Year		

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.)	20f. CITY, TOWN, OR LOCATION VA COUNTY STATE
21. <input checked="" type="checkbox"/> attended the deceased from July 5, 1961 to July 20, 1961 Death occurred at 4:40 AM on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE T. J. Fritzlen M.D.	22b. ADDRESS VA Hospital, K. C. Mo.	22c. DATE SIGNED 7-20-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-20-61	23c. NAME OF CEMETERY OR CREMATORY -
24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Mo.		23d. LOCATION (City, town, or county) (State) Butler, Missouri

25. DATE RECD. BY LOCAL REG. 7-21-61	26. REGISTRAR'S SIGNATURE Ruth Long
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

AUG 17 1961

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

William M. Turner

Licensed Embalmer No.

4648

P. O. Address

Kansas City,

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.