

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0011387

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 82

VS 300
Rev. 4/59

1 0595

2 0580

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4 0

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7 0

8 2

9 422.2

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11

12 1-0

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DATE AMENDED

2

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Livingston b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chillicothe Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Linn c. CITY OR TOWN Linneus d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM WALLACE THORNE		4. DATE OF DEATH Month Day Year April 3, 1964	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-6-1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Linneus, Mo.
13a. FATHER'S NAME Joseph B. Thorne		13b. MOTHER'S MAIDEN NAME Lucy Belle Southerland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		17. INFORMANT Sam Thorne, Linneus, 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) Chx. Myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bleeding duodenal ulcer		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 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.)	
20c. TIME OF INJURY Hour a.m. p.m.	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 Dec 4, 1962 to Mar 4 and last saw him alive on 3-4-64 Death occurred at 11:15 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M. D. Dowell, M.D.	22b. ADDRESS Chillicothe Mo	22c. DATE SIGNED 4-8-64	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-6-1964	23c. NAME OF CEMETERY OR CREMATORY Grantsville Cemetery	23d. LOCATION (City, town, or county) Purdin, Mo.
24. FUNERAL DIRECTOR Wright Funeral Home, Linneus, Mo.		25. DATE RECD. BY LOCAL REG. Apr. 8, 1964	
26. REGISTRAR'S SIGNATURE Annalee Taylor			

(Licensed Embalmer's Statement on Reverse Side)

*Permit not recd.
Date handled Ill. 4/4/64
Date recd from Ill. 4/8/64
Date duly signed 4/8/64*

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

C. H. Knight

Licensed Embalmer No. 5167

P. O. Address Brookfield, 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.

MAY 26 1966

MAY 24 1966

JUN 6 1966
9961 6 NMP

JUN 30 1966

JUN 10 1966

JUL 11 1966

JUN 15 1966