

Registration District No. 385

Registration District No

Primary Registration District N

Registrar's No. 92

PARENTS

CAUSE

CERTIFIER

DECEASED—NAME FIRST MIDDLE LAST		Registration District No.		Primary Registration District No.		SEX Male		DATE OF DEATH (MONTH, DAY, YEAR) April 20, 1968	
1. Samuel		Thorne							
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White		AGE—LAST BIRTHDAY (YEARS) 5a. 79		UNDER 1 YEAR MONTHS DAYS 5b.		UNDER 1 DAY HOURS MIN. 5c.		DATE OF BIRTH (MONTH, DAY, YEAR) June 29, 1888	
CITY, TOWN, OR LOCATION OF DEATH 7b. Brookfield		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. Yes		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Whitehaven				COUNTY OF DEATH 7e. Linn	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Missouri		CITIZEN OF WHAT COUNTRY 9. USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Married		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Sopha Smith			
SOCIAL SECURITY NUMBER 12. 489-30-4286 A		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Farmer		KIND OF BUSINESS OR INDUSTRY 13b. Agriculture					
RESIDENCE—STATE 14a. Missouri		COUNTY 14b. Linn		CITY, TOWN, OR LOCATION 14c. Linneus		INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. Yes		STREET AND NUMBER 14e. 768 N. Main	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST							
15. Joseph B. Thorne		16. Lucy Belle Southerland							
INFORMANT—NAME 17a. Mrs. Sopha Thorne		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. Linneus, Mo. 64653							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 18. (a) Cerebral thrombosis and encephalomalacia DUE TO, OR AS A CONSEQUENCE OF: (b) Arteriosclerosis. DUE TO, OR AS A CONSEQUENCE OF: (c)		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 6 months					
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST									
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) Sepsis from multiple decubiti (sacral & trochanteric).		AUTOPSY (YES OR NO) 19a. No		IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.					
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.		DATE OF INJURY (MONTH, DAY, YEAR) 20b. 9 18 67		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20c. M. 70d.					
INJURY AT WORK (SPECIFY YES OR NO) 20a.		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20b.		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20c.					
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a. 9 18 67		TO 21b. 4 20 68		AND LAST SAW HIM/HER ALIVE ON 21c. MONTH DAY YEAR		I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d.		DEATH OCCURRED (MONTH, DAY, YEAR) 21e. 4 20 1968	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.		HOUR OF DEATH 22b. 4 20 1968		THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR 22c. 4 20 1968		HOUR 22d. 7:05 a.m.		DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED	
CERTIFIER—NAME (TYPE OR PRINT) 23a. John R. Dixon, M.D.		SIGNATURE 23b. [Signature]		DEGREE OR TITLE 23c. [Title]		DATE SIGNED (MONTH, DAY, YEAR) 23d. 4-23-68			
MAILING ADDRESS—CERTIFIER 24a. 125 East Lockling Ave.		STREET OR R.F.D. NO. 24b. Brookfield, Missouri		CITY OR TOWN 24c. Brookfield, Missouri		STATE 24d. Missouri		ZIP 24e. 64628	
BURIAL, CREMATION, REMOVAL (SPECIFY) 25a. Burial		CEMETERY OR CREMATORY—NAME 25b. IOOF Cemetery		LOCATION 25c. Linneus, Missouri					
DATE (MONTH, DAY, YEAR) 26a. April 22, 1968		FUNERAL HOME—NAME AND ADDRESS 26b. Wright Funeral Home, Linneus, Mo. 64653		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP 26c.					
FUNERAL DIRECTOR—SIGNATURE 27a. [Signature]		REGISTRAR—SIGNATURE 27b. [Signature]		DATE RECEIVED BY LOCAL REGISTRAR 27c. 5-1-1968					

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

6-5-68

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.

4-11-68