

CERTIFICATE OF DEATH

124 71 0028856

DO NOT WRITE
ON THIS STUB

Registration District No. 385

Primary Registration District No. 3038

Registrar's No. 167

VS 300
Rev. 1/70

DECEASED—NAME FIRST MIDDLE LAST SOPHA MARGARET THORNE		SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) July 27, 1971
1. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) White	AGE—LAST BIRTHDAY (YEARS) 78	UNDER 1 YEAR MOS. DAYS 78	DATE OF BIRTH (MONTH, DAY, YEAR) July 11, 1893
CITY, TOWN, OR LOCATION OF DEATH Brookfield		INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) DOA Pershing Hospital
7b. Brookfield	7c. Yes	7d. DOA Pershing Hospital	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Missouri		CITIZEN OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Housewife	KIND OF BUSINESS OR INDUSTRY Own Home
12. RESIDENCE—STATE Missouri	COUNTY Linn	CITY, TOWN, OR LOCATION Linneus	STREET AND NUMBER 768 N. Main
FATHER—NAME FIRST MIDDLE LAST William R. Smith		MOTHER—MAIDEN NAME FIRST MIDDLE LAST Flora Mae Neeley	
INFORMANT—NAME T. H. Thorne		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Linneus, Mo. 64653	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
18. IMMEDIATE CAUSE (a) Congestive heart failure DUE TO, OR AS A CONSEQUENCE OF: (b) Coronary insufficiency DUE TO, OR AS A CONSEQUENCE OF: (c) ...			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 hours years
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20c.	AUTOPSY (YES OR NO) 19a. No
INJURY AT WORK (SPECIFY YES OR NO) 20f.			IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20h. Yes No
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 1971 TO 1971		AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR July 1971	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21d. did
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.		HOUR OF DEATH 2 A	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 21e. 2 A
CERTIFIER—NAME (TYPE OR PRINT) B D Howell		SIGNATURE B D Howell MD	DATE SIGNED (MONTH, DAY, YEAR) 7-28-71
MAILING ADDRESS—CERTIFIER 1301 Howell		STREET OR R.F.D. NO. 1301 Howell	CITY OR TOWN Brookfield
BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		CEMETERY OR CREMATORY—NAME IOOF Cemetery	LOCATION Linneus, Mo.
DATE (MONTH, DAY, YEAR) July 29, 1971		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Wright Funeral Home, Linneus, Mo. 64653	
FUNERAL DIRECTOR'S SIGNATURE C W Wright		REGISTRAR—SIGNATURE Carma Watson	DATE RECEIVED BY LOCAL REGISTRAR 7-30-71

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

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

9. 1
10a. 78
10b. 40585
11. 92
12. 2
13. 4119
14. 60580
15. 4
16. 0
17. 0
18. 0
19. CREDITS
20. 20

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. W. Wright

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.