

MISSOURI STATE BOARD OF HEALTH

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

17828  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Boone Registration District No. 73  
 (b) Township Columbia Primary Registration District No. 3 006 Registered No. 103  
 (c) or City Columbia  
 (d) Street No. The Ellis Fischel State Cancer Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME NORA LEONA THROWER  
 (a) Residence, No. Dexter, Mo. R.R.#3 St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED  
 HUSBAND OF Levi L. Thrower  
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1903

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>36</u>	<u>5</u>	<u>12</u>	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation 16 1/2

12. BIRTHPLACE (CITY OR TOWN) Dexter 0  
 (STATE OR COUNTRY) Missouri

FATHER  
 13. NAME W. J. Westerland 0  
 14. BIRTHPLACE (CITY OR TOWN) Dexter 0  
 (STATE OR COUNTRY) Mo.

MOTHER  
 15. MAIDEN NAME Dora Montgomery  
 16. BIRTHPLACE (CITY OR TOWN) Dexter  
 (STATE OR COUNTRY) Mo.

17. INFORMANT Hospital Record  
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Dexter, Mo. DATE May 18, 1940

19. FUNERAL DIRECTOR (NAME) Parkers 74  
 (ADDRESS) Columbias, Mo.

20. FILED 5/16/40 Allie Selby  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1940, to May 16, 1940  
 I last saw her alive on May 15, 1940. Death is said to have occurred on the date stated above, at 8:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Heart on base  
Carcinoma of Cervix May 1, 1939  
 Date of onset 5/1/40

Other contributory causes of importance: 48  
Arterial stenosis & insufficiency

Name of operation None Date of  
 What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify  
 (Signed) Shadon P. Eberhard M. D.  
 (Address) Ellis Fischel State Cancer Hosp. Columbia, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X1605

**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~~ .....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*W. H. Van de Ven*

Licensed Embalmer No. *2494*

P. O. Address *Columbia*

**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 this body is not embalmed, above space should be left blank.**