

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

41049
State File No. _____
Registrar's No. 108

FILED DEC 16 1948
Registration District No. 275

Primary Registration District No. 3053

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 3 months
years, months or days)

3. (a) PRINT FULL NAME Dorothy Addye Thrall

3. (b) If veteran, -- name war _____ 3. (c) Social Security No. ---

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Fred C. Thrall 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 5 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 0 4 _____ hr. _____ min.

9. Birthplace Conway Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name William Barley

13. Birthplace Marion Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Ida M Riche

15. Birthplace Washington Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Dewell Thrall

(b) Address Rolla, Missouri

17. (a) Removal (b) Date thereof 12-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Conway, Arkansas

18. (a) Signature of funeral director Hollow Funeral Home

(b) Address Rolla, Missouri

19. (a) 12-10-48 (b) Nadine L. Steel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps
(c) City or town Rolla
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION.

20. DATE OF DEATH: Month December day 9
year 1948 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from 9-10
1948 to Dec 9 1948
that I last saw her alive on Dec 9 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration _____

Due to Hypertension, mild 4 yrs

Due to Cholecystitis, chronic, acute

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy gfo

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(e) Means of injury 1

23. Signature James M. Myers (M. D. or other) M.D.
Address Rolla, Mo. Date signed 12-10-48

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 12/12/48

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 *J. H. Holloway*

Licensed Embalmer No. 3643

P. O. Address Rolla, Missouri

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, fact should be so stated above.