

S. No. 300  
v. 10.48

FILED APR 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7305

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 3001 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>ANDRAIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ANDRAIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VANDALIA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VANDALIA</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>208 EAST PAGE ST.</u>		d. STREET ADDRESS (If rural, give location) <u>208 EAST PAGE ST. N</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WALLACE</u> b. (Middle) <u>T</u> c. (Last) <u>THORESON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 3 1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUGUST 25 1896</u>
9. AGE (In years last birthday) <u>52</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CERAMIC ENGINEER</u>	11. BIRTHPLACE (State or foreign country) <u>DACKSON, MINNESOTA</u>
10a. KIND OF BUSINESS OR INDUSTRY <u>Walsh Refractory</u>		12. CITIZENRY OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>ELIAS THORESON</u>		13b. MOTHER'S MAIDEN NAME <u>JOHANNA JOHNSON</u>	
14. NAME OF HUSBAND OR WIFE <u>ANN CALDWELL THORESON</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>World War I.</u>	
16. SOCIAL SECURITY NO. <u>493-01-9014</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ann Thoreson (Daughter)</u> ADDRESS <u>Vandalia, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>	
ANTECEDENT CAUSES DUE TO (b) <u>Was found dead in his bed</u> DUE TO (c) <u>History of Chronic condition of</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None known. (Coronary Case)</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Heart Condition</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Vandalia Andrain Mo</u>			
21d. TIME (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>none</u>			
22. I hereby certify that I attended the deceased from <u>Coronary Case</u> , 19 <u>49</u> , that I last saw the deceased on <u>4-6</u> , 19 <u>49</u> , and that death occurred at <u>1-1 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>S. C. Adams, M.D. Coroner</u> (Degree or title)		23b. ADDRESS <u>Mexico, Mo.</u>	
23c. DATE SIGNED <u>4-6-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>April 8 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>VANDALIA CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>VANDALIA MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>April 7 1949</u>		REGISTRAR'S SIGNATURE <u>Mallie Ferguson</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>M. S. Waters</u>		ADDRESS <u>Vandalia Missouri</u>	

FIRST DAY REPORTED FOR WORK APRIL 2, 1949.

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

AUG 12 1950

MAY 4 1950

APR 19 1949

APR 14 1949

RECEIVED  
District Health Officer  
City of New York  
APR 11 1949

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.

Signed Ann B. Waters

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4169

P. O. Address Vandalia 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 this body is not embalmed, fact should be so stated above.