

FILED AUG 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **23149**

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>696</u>			
1. PLACE OF DEATH a. COUNTY <u>GREENE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BARTON</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>IANTHA</u>		0			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHNS HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>					
3. NAME OF DECEASED (Type or Print)			a. (First) <u>WILLIAM</u>	b. (Middle) <u>RAYMOND</u>	c. (Last) <u>THORPE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 4 1949</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JUNE 6 1888</u>		9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STATION AGENT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ST. L & SF RR CO.</u>		11. BIRTHPLACE (State or foreign country) <u>EVERTON, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>			
13a. FATHER'S NAME <u>GEORGE THORPE</u>			13b. MOTHER'S MAIDEN NAME <u>EUNICE CATHERINE JEROME</u>		14. NAME OF HUSBAND OR WIFE <u>PRISCILLA LOWER THORPE</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. PRISCILLA THORPE IANTHA, MO.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				<u>Coronary occlusion</u>				<u>one day</u>	
ANTECEDENT CAUSES				DUE TO (b) <u>Potomian Poisoning</u>				<u>Three days</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Diabetes Mellitus</u>				<u>has not known</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>2 1/2 hr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Aug 2</u> , 19 <u>49</u> , to <u>Aug 4</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Aug 3</u> , 19 <u>49</u> , and that death occurred at <u>5:30 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>O.C. Horst M.D.</u>				23b. ADDRESS <u>430 South Ave Springfield Mo</u>		23c. DATE SIGNED <u>8/8/1949</u>			
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUGUST 7 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>IANTHA CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>IANTHA, MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>8-10-49</u>		REGISTRAR'S SIGNATURE <u>Dr. W.E. Handley III</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>KONANTZ FUNERAL HOME, LAMAR, MISSOURI</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

APR 12 1950

OCT 25 1949

OCT 22 1949

OCT 28 1949

SEP 24 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 _____

Walter J. Konantz

Student Embalmer No. 319

working under my personal supervision.

Signed *Walter J. Konantz*
Student Embalmer

Signed *Barb J. Konantz*
Licensed Embalmer No. 2247

P. O. Address Lamar, 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.