

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43569

State File No.

FILED JAN 16 1950

BIRTH NO. _____ REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 6263 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Webster Co</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Webster</u>		
b. CITY OR TOWN <u>Rural Finley</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Seymour Rt 4 Finley</u>		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION					

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dell</u> b. (Middle) <u>Dorsey</u> c. (Last) <u>Thorp</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec: 14 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>July 24 1863</u>	9. AGE (In years last birthday) <u>86</u>	10. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad man</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Minn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Francis Thorp</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Beulah Henry</u> ADDRESS <u>Seymour Rt 4</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Left Femoral Fracture</u>		<u>5 days</u>
	DUE TO (c) <u>Hydrostatic Pneumonia</u>		<u>3 days</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Webster Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec - 10, 1949, to Dec - 14, 1949, that I last saw the deceased alive on Dec - 13, 1949, and that death occurred at 3:52 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J.R. Lee</u>	23b. ADDRESS <u>Seymour</u>	23c. DATE SIGNED <u>12/14/49</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>burial</u>	24b. DATE <u>12-17-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Seymour</u>	24d. LOCATION (City, town, or county) (State) <u>Seymour Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-3-50</u>	REGISTRAR'S SIGNATURE <u>Hilbert Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kelley, Ferrell, Beaman</u> ADDRESS <u>Seymour Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 10 1950
District Health Office No. 6,
District File Number 150-51
Date Filed 1-11-50

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 _____
Student Embalmer

Signed H. H. Kelley
Licensed Embalmer No. 3334

P. O. Address Fordland, Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.