

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36463

State File No.

REC'D DEC 3 1951

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1194

1. PLACE OF DEATH
a. COUNTY Bushbawau.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township)
St. Joseph

c. CITY (If outside corporate limits, write RURAL and give township)
Rauas City 3438

d. FULL NAME OF HOSPITAL OR INSTITUTION
State Hospital No. 2.

d. STREET ADDRESS (If rural, give location)
3014 Harrison.

3. NAME OF DECEASED
a. (First) WALTER b. (Middle) C. c. (Last) THORPE

4. DATE OF DEATH (Month) (Day) (Year)
11-24-1951.

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH
10-28-1907

9. AGE (In years last birthday)
44

IF UNDER 1 YEAR
Months 0 Days 26
IF UNDER 4 HRS.
Hours 0 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Common laborer

10b. KIND OF BUSINESS OR INDUSTRY
Common labor

11. BIRTHPLACE (State or foreign country)
Butler, Missouri

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
Harry P. Thorpe

13b. MOTHER'S MAIDEN NAME
Wibble.

14. NAME OF HUSBAND OR WIFE
✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No.

16. SOCIAL SECURITY NO.
None.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Ernest Thorpe - 3014 Harrison St. R.C. Mo.

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Syphilis
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Psychosis

INTERVAL BETWEEN ONSET AND DEATH
18 years.
11 years.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
023X

20. AUTOPSY?
YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-11-1944, to 11-24-1951, that I last saw the deceased alive on 11-23-1951, and that death occurred at 4:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE J.H. Morrow (Degree or title) M.D.

23b. ADDRESS State Hospital No. 2, St. Joseph, Mo.

23c. DATE SIGNED 11-24-51.

24a. BURIAL, CREMATION, REMOVAL (Specify)
removal

24b. DATE 11/24/1951

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)
Butler Missouri

DATE REC'D BY LOCAL REG.
Nov. 27, 1951

REGISTRAR'S SIGNATURE
Carl C. Casper

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Heaton-Bowman Funeral Home
St. Joseph, Mo.

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

117
2

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 _____

Eugene Wood

Licensed Embalmer No. *3804*

P. O. Address *319 1/2 10th St. Joseph, 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.