

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4508

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MAR 3 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Malden</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Malden</b>	
c. LENGTH OF STAY (In this place) <b>7 hrs.</b>		d. STREET ADDRESS (If rural, give location) <b>General Delivery</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Calstrom</b>			
3. NAME OF DECEASED (Type or Print) <b>HERBERT THORNBERRY</b>			4. DATE OF DEATH <b>FEB. 6 1952</b>
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Feb. 28, 1896</b>	
9. AGE (In years last birthday) <b>55</b>		10. MONTHS <b>11</b> DAYS <b>8</b> HOURS <b></b> MIN. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Hazel Thornberry</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>unknown</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Geneva Wilson, Campbell</b>		ADDRESS <b>Mo. R. 1</b>	
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) <b>Cerebral Hemorrhage</b> INTERVAL BETWEEN ONSET AND DEATH <b>No</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b></b> DUE TO (c) <b></b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b></b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <b>Feb 10, 1942</b> , to <b>Feb 7, 1942</b> , that I last saw the deceased alive on <b>Feb 10, 1942</b> and that death occurred at <b>6:40 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <b>J. D. Schorman, Jr.</b>		23b. ADDRESS <b>Malden</b>	
23c. DATE SIGNED <b>Feb 8 1952</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 7, 1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Vincent Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Campbell Mo. R. 3</b>	
DATE REC'D BY LOCAL REG. <b>2-14-52</b>		REGISTRAR'S SIGNATURE <b>J. D. Schorman, Jr.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Landess Funeral Home</b>		ADDRESS <b>Campbell, Mo</b>	

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 2-18-52

COUNTY FILE NUMBER 252-83

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**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 \_\_\_\_\_

*Christina M. Gardner*

Licensed Embalmer No. 4227

P. O. Address Campbell, Wm

**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.