

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **12673**

**FILED APR 21 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **200** Registrar's No. **368**

0396

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

0396

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (In this place) <b>2 Mos.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>2151 N. Jefferson Avenue</b>		d. STREET ADDRESS (If rural, give location) <b>2151 N. Jefferson Avenue</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>THOMAS</b> b. (Middle) <b>PETER</b> c. (Last) <b>THORNSBERRY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 11, 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>11 Jan 1878</b>
9. AGE (In years last birthday) <b>74</b>		10. UNDER 1 YEAR Months Days	11. UNDER 100 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gen. farming</b>	11. BIRTHPLACE (State or foreign country) <b>Miller County, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Charles Thornsberry</b>	
13b. MOTHER'S MAIDEN NAME <b>Margaret Martin</b>		14. NAME OF HUSBAND OR WIFE <b>Lola Thornsberry</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lola Thornsberry, Springfield, Missouri</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 years</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <b>Hydronephrosis and Abdominal Aortic</b>	
DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		DUE TO (c) <b>Benign Prostatic Hypertrophy and Urinary Retention and Uremia</b>	
II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>None</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	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) m.	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>February 15, 1952</b> , to <b>April 11, 1952</b> , that I last saw the deceased alive on <b>April 9, 1952</b> , and that death occurred at <b>9:00 A. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>William D. Paul, M.D.</b> (Degree or title)		23b. ADDRESS <b>609 Cherry, Springfield</b>	23c. DATE SIGNED <b>4/12/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>14 Apr. 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri.</b>
DATE REC'D BY LOCAL REG. <b>4-16-52</b>	REGISTRAR'S SIGNATURE <b>James R. Howe, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Fred C. Plume, Springfield, Missouri.</b> ADDRESS	

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*Ralph H. Trieme*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3681*

P. O. Address *Springfield, 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.