

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3732

State File No. ....

BIRTH NO. FILED FEB 9 1954 REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 6210 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <i>Texas 1070</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Tx.</i> b. COUNTY <i>Texas</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Upton</i>	c. LENGTH OF STAY (In this place) <i>32 yrs.</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Upton 1070</i>	
d. FULL NAME OF (If not in hospital or institution, give street address of location) <i>HOSPITAL OR INSTITUTION.</i>		d. STREET ADDRESS (If rural, give location) <i>2 mi S. of Upton Mo</i>	

3. NAME OF DECEASED (Type or Print) <i>BEANDER</i>			a. (First) <i>THROGMARTIN</i>			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <i>1 24 1954</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>April 14, 1878</i>		9. AGE (In years last birthday) <i>75</i>		IF UNDER 1 YEAR Months Days Hours Min. <i>7 10</i>		IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>L</i>			11. BIRTHPLACE (State or foreign country) <i>Texas Co Mo.</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		

13a. FATHER'S NAME <i>Ebenezer Throgmorton</i>		13b. MOTHER'S MAIDEN NAME <i>Margaret Mann</i>		14. NAME OF HUSBAND OR WIFE <i>Cordelia</i>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Allie Actner, Upton Mo</i>		ADDRESS	
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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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral hemorrhage</i>		DUE TO (b) <i>hypertensive</i>				<i>4 hrs.</i>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <i>Generalized arteriosclerosis</i>				<i>7 yrs.</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<i>12 yrs.</i>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>331 X</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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 *Oct 1, 1953*, to *Jan 24, 1954*, that I last saw the deceased alive on *Jan 24, 1954*, and that death occurred at *4:20 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Wm B Kelly M.D.</i>		23b. ADDRESS <i>Lawton Mo.</i>		23c. DATE SIGNED <i>1-26-54</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>1-27-54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Hickory Ridge</i>		24d. LOCATION (City, town, or county) (State) <i>Texas Co. Mo.</i>			
DATE REC'D BY LOCAL REG. <i>Feb 2-54</i>		REGISTRAR'S SIGNATURE <i>Myrtle Craig</i>		327		25. FUNERAL DIRECTOR'S SIGNATURE <i>Elliott Funeral Home</i>		ADDRESS <i>Lawton Mo.</i>	

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

MAR 19 '95

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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houston, TX

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.