

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7602**FILLED **MAR 10 1954**BIRTH NO. _____ REG. DIST. NO. **378** PRIMARY REG. DIST. NO. **L285** Registrar's No. **12**

1. PLACE OF DEATH a. COUNTY WRIGHT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY WRIGHT			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL; MTN. GROVE TWP.		c. LENGTH OF STAY (In this place) 10 days		c. CITY OR TOWN MTN. GROVE		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D.				e. STREET ADDRESS (If rural, give location) 1170			
3. NAME OF DECEASED (Type or Print) WILEY THORNE			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Feb. 19, 1954	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Sept. 22, 1869		9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months - Days - Hours - Min.	IF UNDER 14 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY FURNITURE BUSINESS	11. BIRTHPLACE (City and State or Foreign Country) / BOLIVAR, HARDMAN CO., TENNESSEE		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME DAVID THORNE		13b. MOTHER'S MAIDEN NAME MARY ANN THORNE		14. NAME OF HUSBAND OR WIFE HATTIE KELLETT THORNE			
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. STELLA BROOKS, MTN. GROVE, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH Not known Not known	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 2-1- , 1954, to 2-19 , 1954, that I last saw the deceased alive on 2-17 , 1954, and that death occurred at 6:40 AM. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Stella Brooks			23b. ADDRESS Mountain Grove Mo		23c. DATE SIGNED 2-25-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB. 22, 1954	24c. NAME OF CEMETERY OR CREMATORY HILLCREST CEMETERY	24d. LOCATION (City, town, or county) (State) MOUNTAIN GROVE, MO.				
DATE REC'D BY LOCAL REG. 2-25-54	REGISTRAR'S SIGNATURE A.B. Ames	348-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Russell W Barber Mtn. Grove Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

County of ...
Date Filed **MAR 8 1954**

MAR 10 1954

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.....
Signature of Student Embalmer

Signed *Russell Barber*

Licensed Embalmer No. *38*

P. O. Address *Wm. G.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.