

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8921

FILED APR 8 1955

State File No. ....

BIRTH NO. .... REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5818 Registrar's No. 15

1. PLACE OF DEATH a. CITY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Moreau Township</u>		c. CITY OR TOWN <u>Versailles</u>	
c. LENGTH OF STAY (in this place) <u>Lifetime</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 N. S. Versailles</u>		F. STREET ADDRESS (If rural, give location) <u>4 N. S. Versailles,</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Emma</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Thorpe</u>	(Month) <u>March</u>	(Day) <u>19,</u>	(Year) <u>1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb. 16, 1883</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR <u>3</u> Months <u>Days</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>No record Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Thomas Burtlow</u>		13b. MOTHER'S MAIDEN NAME <u>No Record</u>	14. NAME OF HUSBAND OR WIFE <u>Widowed</u>		

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Alex Lee</u>		ADDRESS <u>Versailles, Mo.</u>
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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 <u>48 hrs.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sepsis</u>		DUE TO (b) <u>Bilateral Pleural Empyema secondary</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Lobar Pneumonia</u>		<u>Spoplexy -</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
		<u>490x</u>			

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)	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 Mar. 18, 1955, to Mar 19, 1955, that I last saw the deceased alive on 19, 1955, and that death occurred at 1 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>P. F. Eckhoff M.D.</u>		23b. ADDRESS <u>Versailles, Mo.</u>		23c. DATE SIGNED <u>3-19-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>21 Mar. 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clayton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cooper Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/21/55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> 214-	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. F. Kidwell</u> ADDRESS <u>Versailles, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed *Raymond C. Foster*  
Licensed Embalmer No. *462*

P. O. Address *Versailles*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.