

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17648

State File No.

FILED JUL 13 1955

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY <u>ADRAIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>MISSOURI</u> b. COUNTY <u>ADRAIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>MEXICO</u>	c. LENGTH OF STAY (in this place) <u>1 WK</u>	c. CITY OR TOWN <u>RFD #3 Mexico</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>ADRAIN Co. Hosp</u>		STREET ADDRESS (If rural, give location) <u>R.F.D. #3</u> <u>0040</u> <u>1</u>	

3. NAME OF DECEASED (Type or Print) <u>ANNA</u>	a. (First) <u>B</u>	b. (Middle) <u>THORESEN</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 1 - 55</u>
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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>Sept 24 1875</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>79</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher - Education</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>ADRAIN Co. Mo</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ADRAIN Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>ROBT S. KIRKPATRICK</u>	13b. MOTHER'S MAIDEN NAME <u>ISABEL STANFORD</u>	14. NAME OF HUSBAND OR WIFE <u>Dec.</u>
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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>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ALONZO SMITH - RFD Mexico Mo</u>	ADDRESS <u>ADRAIN Co. 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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic degenerative myocardial</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6-23-55</u>
	ANTECEDENT CAUSES <u>acute of anterior hyper infarct</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic enlargement</u> DUE TO (c) <u>Chronic junctional competent lung</u> <u>heart etc</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Valvular Stenosis and Cardiac failure</u>			

19a. DATE OF OPERATION <u>X</u>	19b. MAJOR FINDINGS OF OPERATION <u>X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>X</u> <u>ADRAIN Co. Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>X</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>X</u>
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22. I hereby certify that I attended the deceased from 6-23, 1955, to 7-1, 1955, that I last saw the deceased alive on 7-1-55, 1955, and that death occurred at 9:42 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Larry J. O'Brien M.D.</u>	23b. ADDRESS <u>Mexico Missouri</u>	23c. DATE SIGNED <u>7-2-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-3-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LOCKRIDGE Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>ADRAIN Co., Mo</u>
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DATE REC'D BY LOCAL REG. <u>July 3-1955</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>ARNOLD FUNERAL Home</u>	ADDRESS <u>Mexico Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1956
AUG 9 9 57A

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 *Clarence J. [Signature]*

Licensed Embalmer No. 35

P. O. Address *Michigan*

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.