

FILED FEB 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2432

State File No.

BIRTH NO. REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 295 Registrar's No. 183

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Rural</u>		c. CITY OR TOWN <u>Highell MO</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>2 years</u>		f. STREET ADDRESS (If rural, give location) <u>unknown</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Pleasant View rest home</u>			

3. NAME OF DECEASED (Type or Print) <u>MARY</u>	a. (First)	b. (Middle) <u>LENA</u>	c. (Last) <u>THORNTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 25 - 56</u>
--	------------	-------------------------	---------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH (Month) (Day) (Year) <u>Jan 22 1977</u>	9. AGE (In years last birthday) Months Days Hours Mins. <u>79 - 6</u>
-------------------------	----------------------------------	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>house work</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	--	---	--

13a. FATHER'S NAME <u>Mathis Parman</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Simon</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ann Lebs</u>	ADDRESS <u>Mobile MO</u>
---	--------------------------------------	--	-----------------------------

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		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured R. Hip</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychose-arterio-sclerotic</u>		<u>3 yrs</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	<u>9037</u> <u>44</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--------------------------	---

21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>moving home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Huntsville - Randolph - MO.</u>
---	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>Jan 21 1956 9:00 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell on floor of moving home</u>
--	---	---

22. I, hereby, certify that I attended the deceased from Jan 2, 1956, to Jan 26, 1956, that I last saw the deceased alive on Jan 26, 1956, and that death occurred at 8:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. V. Dreyer MD</u>	(Degree or title)	23b. ADDRESS <u>Huntsville MO</u>	23c. DATE SIGNED <u>1/30/56</u>
--	-------------------	--------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 29 - 56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rubamer Cent</u>	24d. LOCATION (City, town, or county) (State) <u>North of Fayette MO</u>
--	---------------------------------	---	---

DATE REC'D BY LOCAL REG <u>1-31-1956</u>	REGISTRAR'S SIGNATURE <u>Mary L. Gentry</u>	482	25. FUNERAL DIRECTOR'S SIGNATURE <u>H-S - Roberson</u>	ADDRESS <u>Highell MO</u>
---	--	-----	---	------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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 H. S. Peterson
Licensed Embalmer No. 300
P. O. Address Higbee

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.