FILED JAN 9 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 42207

Registration District No. 218 Primary Registration District No. 4330 Registrar's No. 50

1. PLACE OF DEATH
a. COUNTY Mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN East Prairie, Missouri — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION East Prairie, Mo. — Length of stay in 1b 52 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Mississippi
c. CITY OR TOWN East Prairie, Mo. — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) Wilbur Street — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: Lola Middle: Last: Thornbrough

4. DATE OF DEATH Month December Day 28 Year 1956

5. SEX Male
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 3-9-1885
9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Graves County, Kentucky
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Alton Thornbrough
14. MOTHER'S MAIDEN NAME Elizebeth Watson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address: Della Thornbrough East Prairie, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic Myocarditis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterosclerosis
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4221

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 6, 1955 to Dec 23, 1956 and last saw her/him alive on Dec. 23, 56
Death occurred at 3:55 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Gabriel Hendricks D.O. (Degree or title)
22b. ADDRESS East Prairie Mo.
22c. DATE SIGNED 12-31-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-29-56
23c. NAME OF CEMETERY OR CREMATORY W. O. W. Cemetery
23d. LOCATION (City, town, or county) East Prairie, Missouri (State)

24. FUNERAL DIRECTOR Travis Shelby Jr. ADDRESS East Prairie, Mo.
25. DATE RECD. BY LOCAL REG. 1-4-57
26. REGISTRAR'S SIGNATURE Gertrude G. Harper

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in filling out this form. Do not use symptoms or results of diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

RECEIV
Miss. Co. He
County File No.
Date Filed __/

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Travis Shelby Jr.

Licensed Embalmer No. 4..9

P. O. Address East Bra

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.