

FILED JAN 24 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH 884-59

673

STATE FILE NUMBER

B. cert # 59

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Rolla	
c. FULL NAME OF HOSPITAL OR INSTITUTION Charles E. Still Osteopathic		d. STREET ADDRESS (If outside, give location) 501 Park	
3. NAME OF DECEASED (Type or print) First Middle Last Infant Thorpe		4. DATE OF DEATH Month Day Year Jan. 15, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 14, 1958
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) newborn		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) -
13. FATHER'S NAME - see Birth Cert. -		11. BIRTHPLACE (City and state or country) Jefferson City, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Elva Lucinda Duncan Thorpe	
17. INFORMANT * Elva Thorpe		Address 501 Park Rolla, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Immaturity DUE TO (b) Premature labor DUE TO (c) Causes unknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 776X	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Jan 14, 1958 to Jan 15, 1958 and last saw him alive on Jan. 15, 1958 Death occurred at 13:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Lawrence Duffen		22b. ADDRESS Jefferson City MO.	
22c. DATE SIGNED 1/15/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem & Burial		23b. DATE 1-16-58	
23c. NAME OF CEMETERY OR CREMATORY Smith Cemetery		23d. LOCATION (City, town, of county) (State) Edgar Springs, Missouri	
24. FUNERAL DIRECTOR Everett Merrill		25. DATE RECD. BY LOCAL REG. 16 Jan 1958	
ADDRESS Bx 79 Rolla Mo		26. REGISTRAR'S SIGNATURE R. P. Davis, MD-7R.	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

hh,  
elfare  
lic  
vice00  
56

