

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029581  
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 154

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bedford</b>		c. CITY OR TOWN <b>Troy</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lincoln Co. Mem. Hosp.</b>		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb <b>2 WKS.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>DELORES</b> Middle <b>THORNHILL</b> Last <b>THORNHILL</b>			4. DATE OF DEATH Month <b>Aug.</b> Day <b>13</b> Year <b>1958</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 16, 1882</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>27</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Housework</b>	11. BIRTHPLACE (City and state or country) <b>Davis Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John W. Forman</b>	13b. MOTHER'S MAIDEN NAME <b>Rebecca Knox</b>	14. NAME OF HUSBAND OR WIFE <b>Victor Thornhill</b>
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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) <b>None</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Wm. G. Thornhill</b> Address <b>0502 Irvington Berkeley MO.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>(1) Cerebral vascular accident</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>(2) Atherosclerosis</b>	
	DUE TO (c) <b>Senility</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>

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.)
20c. TIME OF INJURY Hour <b></b> Month <b></b> Day <b></b> Year <b></b> a.m. <b></b> p.m. <b></b>	

20d. INJURY OCCURRED WHILE AT <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 <b>Troy Mo.</b>	COUNTY <b></b> STATE <b></b>
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21. I attended the deceased from **3/1 57** to **Aug. 13, 1958** and last saw her alive on **Aug 13/58**  
Death occurred at  m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>C. Creek Wood</b> (Degree or title)	22b. ADDRESS <b>Troy Mo.</b>	22c. DATE SIGNED <b>8-18-58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Aug 16, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Troy City Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Troy Mo.</b>
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24. FUNERAL DIRECTOR <b>D. W. McCoy</b> ADDRESS <b>Troy Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>8-18-1958</b>	26. REGISTRAR'S SIGNATURE <b>Charlotte Leek</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 ..... *me* ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Clarence Jones* .....  
Licensed Embalmer No. *2978* .....  
P. O. Address *Bellflower* .....

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.

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