

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029687

STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 209 Primary Registration District No. 5764 Registrar's No.

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: Resided before admission) a. STATE MISSOURI b. COUNTY MARION	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WARREN TOWNSHIP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN WARREN TOWNSHIP 0640
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HUNNEWELL, MO. R.1		Length of stay in 1b 2YRS	d. STREET ADDRESS (If outside, give location) HUNNEWELL RFD. I
3. NAME OF DECEASED (Type or print) First Clarence Middle Vernan Last Thorp			4. DATE OF DEATH Month AUGUST Day 16th Year 1958
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 18th 1892
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months 2 Days 29	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) JASPER COUNTY ILLINOIS
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME GEORGE THORP	
14. MOTHER'S MAIDEN NAME LYDA FORAKER		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. 329-07-1719A		17. INFORMANT MRS C. V. THORP Address HUNNEWELL, MO. RFD I	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION			INTERVAL BETWEEN ONSET AND DEATH 30 MIN.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			4201
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"/> 2)
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 _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____			
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	COUNTY _____ STATE _____
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 6:40 a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Henry Sweet Jr MD</i> (Degree or title) Coroner 3		22b. ADDRESS Hannibal Mo	22c. DATE SIGNED 8/16/58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 8-19-1958	23c. NAME OF CEMETERY OR CREMATORY PLEASANT VEW CEMETERY	23d. LOCATION (City, town, or county) (State) KEWANEE, ILLINOIS.
24. FUNERAL DIRECTOR <i>Wilson Jones</i>		ADDRESS MONROE CITY, MISSOURI	25. DATE RECD. BY LOCAL REG. 8-18-58
26. REGISTRAR'S SIGNATURE <i>Dr. E. M. Hughes</i>		By <i>Diana Seena Deputy</i>	

Health, & Welfare Public Service

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I, must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED AUG 26 1958
MARION CO. HEALTH DEPT.
DATE FILED AUG 26 1958

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 Lester L. Wilson.....

Licensed Embalmer No. 2017

P. O. Address Monroe, La.

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