

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000568

STATE FILE NUMBER

FILED JAN 27 1959

Registration District No. 59

Primary Registration District No. 4098

Registrar's No. 22

300
1-57

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| 1. PLACE OF DEATH a. COUNTY CASS | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CASS | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BELTON | | c. CITY OR TOWN BELTON 0190 | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 304 CATRON AVE & MO. | | d. STREET ADDRESS (If outside, give location) 304 CATRON AVE | |
| 3. NAME OF DECEASED (Type or print) JAMES H. THORP SR. | | 4. DATE OF DEATH JAN. 20, 1959 | |
| 5. SEX MALE | 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 NOV. 12, 1889 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SERVICE SALES | | 10b. KIND OF BUSINESS OR INDUSTRY CON FROBER | 11. BIRTHPLACE (City and state or country) KANSAS CITY, MO. |
| 13a. FATHER'S NAME JAMES R. THORP | | 13b. MOTHER'S MAIDEN NAME ELIZABETH KNOTH | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 17. INFORMANT ORVILLE THORP | |
| 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 Thrombosis & Myocardial Infarction DUE TO (b) Coronary Atherosclerosis DUE TO (c) Arterio Sclerotic Heart Disease 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"/> |
| 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 _____ a.m. _____ p.m. _____ | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20e. CITY, TOWN, OR LOCATION | | 20f. COUNTY STATE | |
| 21. I attended the deceased from Jan 20 , to _____ and last saw him alive on Jan 20, 1959 Death occurred at 3:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) John E. Cavanaugh | | 22b. ADDRESS 309 Main St. Belton Mo | |
| 22c. DATE SIGNED 1/20/59 | | 22d. DATE RECD. BY LOCAL REG. 1-23-59 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 23b. NAME OF CEMETERY OR CREMATORY MT. MORIAH | |
| 23c. LOCATION (City, town, or county) KANSAS CITY, MO. | | 23d. DATE RECD. BY LOCAL REG. 1-23-59 | |
| 24. FUNERAL DIRECTOR D.W. NEWCOMER & SONS K.C. MO. | | 26. REGISTRAR'S SIGNATURE Mrs Ray Sebee | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MS
APR 21 1960

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 *Harold S. DeStene*

Licensed Embalmer No. 3135
P. O. Address E. C. 216

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.