URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 2 1959

59-033397

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 208

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Moberly
Length of stay in 1b: D.K.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Wabash Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Randolph
c. CITY OR TOWN: Moberly
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 405 Dorsey Street
Residence Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Oliver Middle: Last: Thorp
4. DATE OF DEATH: Month: September Day: 21 Year: 1959
5. SEX: male
6. COLOR OR RACE: negro
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-16-1876
9. AGE (last birthday): 83
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired Wabash Shops emp.
10b. KIND OF BUSINESS OR INDUSTRY: (Retired) RR
11. BIRTHPLACE (City and state or country): Howard County, Missouri
12. CITIZEN OF WHAT COUNTRY: United States
13a. FATHER'S NAME: Nathan Thorp
13b. MOTHER'S MAIDEN NAME: Emilee
14. NAME OF HUSBAND OR WIFE: Ella Thorp
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Ella Thorp: Address: 405 Dorsey Street Moberly, Missouri

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): ~~Metastatic sarcoma of stomach~~
INTERVAL BETWEEN ONSET AND DEATH: 1yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 September 17, 1958 9/21/59 and last saw her/him alive on 9/21/59
Death occurred at 9:50 pm on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): R. McMurtry MD
22b. ADDRESS: Moberly, Missouri Wabash Employes Hospital
22c. DATE SIGNED: 9/25/59

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 9-24-1959
23c. NAME OF CEMETERY OR CREMATORY: Oakland Cemetery
23d. LOCATION (City, town, or county) (State): Moberly, Missouri
24. FUNERAL DIRECTOR ADDRESS: T B Batton & Sons, Huntsville, Mo.
25. DATE RECD. BY LOCAL REG.: 9-24-59
26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

OCT 20 1959

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Paul Patton

Signature of Student Embalmer

Licensed Embalmer No. 4095

P. O. Address Huntsville,

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