

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4508

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11 MAR 3 1952

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL, and give town) <u>Malden</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Malden</u>	
c. LENGTH OF STAY (in this place) <u>7 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>General Delivery</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Calstrom</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HERBERT</u>		b. (Middle) <u>THORNBERRY</u>	
c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 6 1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 28, 1896</u>
9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR (Month) (Day) <u>11 8</u>	IF UNDER 1 WEEK (Hour) (Min.) _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Hazel Thornberry</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Geneva Wilson, Campbell</u>		ADDRESS <u>Mo. R. 1</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>No</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>331X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>Feb 6, 1942</u> , to <u>Feb 7, 1942</u> , that I last saw the deceased alive on <u>Feb 6, 1942</u> and that death occurred at <u>6:40 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. Calstrom, Jr.</u> (Degree or title)		23b. ADDRESS <u>Malden</u>	
23c. DATE SIGNED <u>Feb 8 1952</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 7, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Vincent Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Campbell, Mo. R. 3</u>
DATE REC'D BY LOCAL REG. <u>2-14-52</u>	REGISTRAR'S SIGNATURE <u>J. D. Schumann</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home</u> ADDRESS <u>Campbell, Mo</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 2-18-52

COUNTY FILE NUMBER 252-83

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
Student Embalmer

Signed

Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, Wn.

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 this body is not embalmed, fact should be so stated above.