

FILED MAY 12 1949

STANDARD CERTIFICATE OF DEATH

State File No. 13262

BIRTH NO. _____ REG. DIST. NO. 261 PRIMARY REG. DIST. NO. 4383 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Graham</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Graham</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. FULL NAME OF HOSPITAL OR INSTITUTION	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wayne</u> b. (Middle) <u>J.</u> c. (Last) <u>Thornton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-27-1949</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>4-18-1899</u>
9. AGE (In years last birthday) <u>50-0-9</u>		10. CITIZEN OF WHAT COUNTRY <u>Am.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, and if retired) <u>Painter & decorator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Painting & decorating</u>	
11. BIRTHPLACE (State or foreign country) <u>Graham - Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>Am.</u>	
13a. FATHER'S NAME <u>Henry C. Thornton</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Catherine Tabler</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, specify branch of service) <u>Yes WWII</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lula Boring - St. Joseph - Mo.</u>	
17. ADDRESS <u>St. Joseph - Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>asphyxiation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>alcoholism</u>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>32%</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Graham Nodaway Mo</u>			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Apr-27-1949 1 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Fire in home</u>			
22. I hereby certify that I attended the deceased from <u>not attended</u> , 19 <u> </u> , that I last saw the deceased alive on <u>not seen</u> 19 <u> </u> , and that death occurred at <u>1:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>L. D. Dean M.D. Coroner</u>		23b. ADDRESS <u>Maryville Mo</u>	
23c. DATE SIGNED <u>4-28-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4-29-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Graham Cem -</u>		24d. LOCATION (City, town, or county) (State) <u>Graham - Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-30-49</u>		REGISTRAR'S SIGNATURE <u>Bess 1061 229</u>	
25. EMERALD DIRECTOR'S SIGNATURE <u>A. M. Wilkerson</u>		ADDRESS <u>Raymond</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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6761 2 NOV 4

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 G. M. Atkinson.....

Licensed Embalmer No. 2579.....

P. O. Address Marysville, Me.....

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.