

FILED DEC 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40189

State File No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>4047</u>		Registrar's No. <u>3007</u>		
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>				
b. CITY OR TOWN <u>Huntsdale</u>		c. LENGTH OF STAY (in this place) <u>1.50</u>		c. CITY OR TOWN <u>HUNTSDALE</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Township</u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hattie</u> b. (Middle) <u>E</u> c. (Last) <u>Thornton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 8 1949</u>					
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>m</u>		8. DATE OF BIRTH <u>May 28 1878</u>		
9. AGE (in years last birthday) <u>71</u>		if UNDER 1 YEAR Months <u>6</u> Days <u>10</u>		if UNDER 2 Hrs. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Boone Co Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Benjamin Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Mahalia P Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Allen E V Thornton</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>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs E M M Creevy</u>		ADDRESS <u>Boonville 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, asthemia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>				DUE TO (b) _____				9
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____				42.22
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic interstitial nephritis</u>								
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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>Dec 1</u> , 19 <u>49</u> , to <u>Dec 1</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Dec 1</u> , 19 <u>49</u> , and that death occurred at <u>6:30 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Harry M. Griffith M.D.</u>				23b. ADDRESS <u>Columbia Mo</u>		23c. DATE SIGNED <u>12-8-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 9 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Nashville Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Boon Co Mo</u>		
DATE REC'D BY LOCAL REG. <u>Dec. 11 49</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. O. D. ...</u>		ADDRESS <u>Columbia, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DEC 20 1919
District Health Officer No. 9
District File Number

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 *[Signature]*
Licensed Embalmer No. *3183*
P. O. Address *Columbia*

Note - The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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