

THE DIVISION OF HEALTH OF MISSOURI  
**FILED AUG 2 1950 STANDARD CERTIFICATE OF DEATH**

State File No. 24344
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>		c. LENGTH OF STAY (In this place) <u>7</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Houston</u>		<u>1093</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>		b. (Middle) <u>Thomas</u>		c. (Last) <u>Thornton</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>7/22/50</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>Nov. 10, 1881</u>		9. AGE (In years last birthday) <u>68</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shipping Clerk (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Thornton</u>		13b. MOTHER'S MAIDEN NAME <u>Victoria Duncan</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary C. Thornton, wife</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary C. Thornton, Salem, Mo.</u>		ADDRESS			
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>Ruptured Liver</u>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>C.P.C. - Cardis-Cerebral Syndrome</u>					
DUE TO (c) <u>Syndrome</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>4427X</u>		
19a. DATE OF OPERATION <u>7/21/50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Rupture of lobe liver -</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>7/21</u> , 19 <u>50</u> , to <u>7/22</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7/22</u> , 19 <u>50</u> and that death occurred at <u>2 P. M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>[Signature]</u> (Degree or title)			23b. ADDRESS <u>Waynesville Mo</u>		23c. DATE SIGNED <u>7/22/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KIRKWOOD MO</u>
DATE REC'D BY LOCAL REG. <u>7-27-50</u>		REGISTRAR'S SIGNATURE <u>389</u> <u>Thelma C. Buckthorpe</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alfred Fun. Home</u> ADDRESS <u>Web. Grove Mo.</u>	

(Licensed Embalmer) (Statement on Reverse Side)

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

RECEIVED 7/27/50  
Pulaski County Health Officer  
File Number \_\_\_\_\_  
Date Filed 7/27/50

NO FEE  
ENCLOSED  
JUL 31 1950

AUG 2 1950

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

*Leslie Welch*

Licensed Embalmer No. \_\_\_\_\_

4395

P. O. Address \_\_\_\_\_

*Walter Groves*

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.