

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 2 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 214

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carthage</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carthage</b>	
c. LENGTH OF STAY (In this place) <b>2 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>719 Limestone St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>719 Limestone St</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>FRANCES</b> b. (Middle) <b>BELL</b> c. (Last) <b>THORNTON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 18, 1950</b>		
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	
8. DATE OF BIRTH <b>March 10, 1878</b>		9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>----</b>		11. BIRTHPLACE (State or foreign country) <b>Buffalo, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Amos Mitchell</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Scott</b>		14. NAME OF HUSBAND OR WIFE <b>John Thornton</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Louisa Wooten, 719 Limestone Carthage Mo</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Embolism</b>				INTERVAL BETWEEN ONSET AND DEATH <b>10 min</b>	
		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. <b>332X</b>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) (Min.)		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 12/8, 1950, to 12/18, 1950, that I last saw the deceased alive on 12/8, 1950, and that death occurred at 8:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> M.D.		23b. ADDRESS <b>Carthage, Mo</b>		23c. DATE SIGNED <b>12-18-1950</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>12-20-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Springfield, Mo</b>	
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DATE REC'D BY LOCAL REG. <b>12/18/50</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b> 39		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Herman Lohmeyer, Springfield, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 12-29-50

Jasper County Health Office

County File Number 50/12/911

Date Filed 12-29-50

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 H. L. McCann

Licensed Embalmer No. 2727

P. O. Address Springfield Mo

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.