

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43957

0200

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

BIRTH NO. _____		REG. DIST. NO. <u>60</u>		PRIMARY REG. DIST. NO. <u>5285</u>		Registrar's No. <u>4</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)			
a. COUNTY <u>Cedar</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Benton</u>		c. LENGTH OF STAY (In this place) <u>0200</u>		d. STREET ADDRESS (If rural, give location)	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Benton</u>		c. LENGTH OF STAY (In this place) <u>0200</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Cedar</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>William</u>	b. (Middle) <u>Henry</u>	c. (Last) <u>Thornton</u>	(Month) <u>Dec.</u>	(Day) <u>2,</u>	(Year) <u>1950</u>	Male <u>0</u>	Female <u>0</u>
5. SEX <u>Male 0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 24, 1875</u>	
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 <u>Farmer</u>		9. AGE (In years last birthday) <u>75</u>		11. BIRTHPLACE (State or foreign country) <u>Cedar County 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Joseph L. Thornton</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Fleman</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMY OR NAVY? (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jessie Thornton Stockton, 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.		MEDICAL CERTIFICATION				18. INTERVAL BETWEEN ONSET AND DEATH <u>7 mo</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Valvular Aortic Aneurysm with myocarditis</u>		DUE TO (b) <u>vascular & renal</u>				DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>442X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) m.		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>5-24</u> , 19 <u>50</u> , to <u>12-2</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-2</u> , 19 <u>50</u> , and that death occurred at <u>11</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. H. ...</u>				23b. ADDRESS <u>Genco Spry Mo</u>		23c. DATE SIGNED <u>12-2-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-4-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Omer Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cedar County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2/6/51</u>		REGISTRAR'S SIGNATURE <u>Mrs. Helma Ellis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John A. Cantlon</u>			

25. FUNERAL DIRECTOR'S SIGNATURE
John A. Cantlon
ADDRESS
Stockton, Mo.
(Licensed Embalmer, Statement on Reverse Side)

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED FEB 13 1951

Dist. File 251-346

Date Filed 2-14-51

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 _____

Richard W. Bandall

Student Embalmer No. 405

working under my personal supervision.

Student

Richard W. Bandall
Student Embalmer

Signed

John A. Cantlon
Licensed Embalmer No. 4387

P. O. Address Stockton, 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.