

FILED FEB 5 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1992

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 5856 Registrar's No. 23

0740

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

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hopkins - rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>0740</b>	
c. LENGTH OF STAY (In this place) <b>6 mo.</b>		d. STREET ADDRESS (If rural, give location) <b>1/2 mile south</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1/2 mile south</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>A.</b> c. (Last) <b>THORNHILL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1 22 51</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>11/27/90</b>		9. AGE (In years last birthday) <b>60</b> IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own account</b>		11. BIRTHPLACE (State or foreign country) <b>Maryville, Missouri</b>	
13a. FATHER'S NAME <b>John G. Thornhill</b>			13b. MOTHER'S MAIDEN NAME <b>Sarah E. Workman</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
14. NAME OF HUSBAND OR WIFE <b>Florence Wallace Thornhill</b>					

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>498-24-6122</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Wm. A. Thornhill, Hopkins, Mo.</b>	
--	--	---	--	---	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>	
		ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<b>4201</b>	

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 Jan. 22 51 to Jan. 22 51, that I last saw the deceased alive on Jan. 22 51, and that death occurred at 7:38 P. m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (If degree or title) <b>M. D.</b>		23b. ADDRESS <b>Hopkins, Missouri</b>		23c. DATE SIGNED <b>1/23/51</b>	
---	--	---------------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1/25/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Miriam</b>		24d. LOCATION (City, town, or county) (State) <b>Maryville, Missouri</b>	
---	--	--------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. <b>1-27-51</b>		REGISTRAR'S SIGNATURE <b>Bess Holt</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Price Funeral Home, Maryville, Mo.</b>	
---	--	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side)



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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Robert L. Senter

Signed.....  
Student Embalmer

Licensed Embalmer No. 4782

P. O. Address Maryville 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.