

No. 300  
10-42

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7322

1080  
200

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Merion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washingtonburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Joseph - 0117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp # 3 - Nevada</u>		d. STREET ADDRESS (If rural, give location) <u>St. Cranstun</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Clare</u> c. (Last) <u>Thornton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb-4-1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>unk.</u>
9. AGE (In years) (Age birthdate) <u>24</u>		IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Kansas City, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		14. NAME OF HUSBAND OR WIFE	
13a. FATHER'S NAME <u>Chas W. Thornton</u>		13b. MOTHER'S MAIDEN NAME <u>Clara V. Henry</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. <u>unk.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>State Hosp Records</u>		ADDRESS <u>Nevada 2nd</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Pneumonia</u>  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. <u>Mental deficiency</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>		19d. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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 <u>Aug 1</u> , 19 <u>30</u> , to <u>Feb 3</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb 3</u> , 19 <u>51</u> , and that death occurred at <u>6:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Ed W. Thraut</u>		23b. ADDRESS <u>State Hosp # 3 - Nevada Mo</u>	
23c. DATE SIGNED <u>2/4/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	
24b. DATE <u>2-4-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Suchlandence Cemetery Independence Mo.</u>	
24d. LOCATION (City, town, or county) (State) <u>Independence Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carson Funeral Home Independence</u>	
DATE REC'D BY LOCAL REG. <u>2-10-51</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED FEB 13 1957

Dist. File 251-370-  
Date Filed 2-14-57

**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 Mark Cechinger

Licensed Embalmer No. 2651

P. O. Address Nevada

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

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