

FILED MAY 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15545

BIRTH NO. _____ REG. DIST. NO. 14 PRIMARY REG. DIST. NO. 5064 Registrar's No. 9

0060
1

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

letter att.

1. PLACE OF DEATH a. COUNTY BARTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BARTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL- LEROY TWSP.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL- LEROY TWSP.	
c. LENGTH OF STAY (in this place) 78 yrs		d. STREET ADDRESS (If rural, give location) 2160	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) JOSEPHINE	b. (Middle) (NMI)	c. (Last) THORNTON	4. DATE OF DEATH (Month) (Day) (Year) APRIL 19 1951
-------------------------------------	-----------------------------	--------------------------	---------------------------	--

5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 4 1868	9. AGE (In years last birthday) 82	# UNDER 1 YEAR Months 10 Days 16	# UNDER 2 HRS. Hours Min.
-----------------	---------------------------	---	-------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (State or foreign country) SPRINGFIELD, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? US
--	---	--	--

13a. FATHER'S NAME PETER THOMPSON	13b. MOTHER'S MAIDEN NAME SARAH HAWK	14. NAME OF HUSBAND OR WIFE WILLIAM E. THORNTON
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. XX	17. INFORMANT'S SIGNATURE OR NAME GEORGE THORNTON,	ADDRESS LIBERAL, MO.
--	-----------------------------------	---	-----------------------------

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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X	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) (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 XXX, 19 , to XXX, 19 , that I last saw the deceased alive on XXX, 19 , and that death occurred at 10:05a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. S. Harmon Coroner- Barton County,	23b. ADDRESS Lamar, Missouri	23c. DATE SIGNED May 7 1951
--	-------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Apr 22 1951	24c. NAME OF CEMETERY OR CREMATORY Whiloh Cemetery	24d. LOCATION (City, town, or county) (State) Arcadia, Kansas
---	------------------------------	---	--

DATE REC'D BY LOCAL REG May 12, 1951	REGISTRAR'S SIGNATURE Charlotte McDowell	25. FUNERAL DIRECTOR'S SIGNATURE KONANTZ FUNERAL HOME,	ADDRESS LAMAR, MO.
---	---	---	---------------------------

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

RECEIVED MAY 16 1951

Dist. File 337-9122

Date Filed 5-16-51

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.....

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed Barth K. Conarty

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.