

FILED JUL 28 1951

Dr. Kanagawa

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22507**

264

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

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **188**

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) Jefferson City	
c. LENGTH OF STAY (In this place) 68yrs		d. STREET ADDRESS (If rural, give location) 410 Woodlawn Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 410 Woodlawn Avenue			
3. NAME OF DECEASED a. (First) Clem		b. (Middle) William	
		c. (Last) Thornton	
4. DATE OF DEATH July 23 1951			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov-10-1882
9. AGE (In years last birthday) 68		10. IF UNDER 1 YEAR Months	11. IF UNDER 2 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry Owner		10b. KIND OF BUSINESS OR INDUSTRY Laundry	11. BIRTHPLACE (State or foreign country) Jefferson City, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME William C. Thornton		13b. MOTHER'S MAIDEN NAME Mary E. McCann	
		14. NAME OF HUSBAND OR WIFE Frances L. 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. 490-09-5515	
		17. INFORMANT'S SIGNATURE OR NAME Frances Thornton, Jefferson City, Mo	
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 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) arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs 2-3 years	
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)		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 July 14, 1951 , to July 23, 1951 , that I last saw the deceased alive on July 23, 1951 , and that death occurred at 9:00 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE J. J. Kanagawa MD		23b. ADDRESS 1000 S. Main Bldg	
23c. DATE SIGNED 7/25/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July-26-1951	
24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo	
DATE REC'D BY LOCAL REG. July 25-1951		REGISTRAR'S SIGNATURE R. P. Harris MD	
25. FUNERAL DIRECTOR'S SIGNATURE R. P. Harris MD		ADDRESS Jefferson City, Mo	

RECEIVED 7-27-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-27-51

REC'D 15 1951

SEP 23 1951

SEP 23 1950

SEP 23 1952

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 Lester V. Genevly Jr.

Licensed Embalmer No. 4712

P. O. Address Jc. 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.