

MAY 31 1952

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **15678**

BIRTH NO. _____		REG. DIST. NO. <b>42</b>	PRIMARY REG. DIST. NO. <b>1000</b>	Registrar's No. <b>549</b>
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>		
b. CITY OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph (Rural)</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital.</b>		d. STREET ADDRESS (If rural, give location) <b>R.F.D. 5</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Eva</b>		b. (Middle) <b>Dornhoffer</b>		c. (Last) <b>Thornton.</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>May 26 1952</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married.</b>	8. DATE OF BIRTH <b>June 14, 1890</b>	9. AGE (In years last birthday) <b>61</b>
		9 UNDER 1 YEAR Months <b>11</b> Days <b>12</b>	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home.</b>	11. BIRTHPLACE (State or foreign country) <b>Cincinnati Ohio.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				
13a. FATHER'S NAME <b>John E. Dornhoffer.</b>		13b. MOTHER'S MAIDEN NAME <b>Sophia Bassing.</b>	14. NAME OF HUSBAND OR WIFE <b>William H. Thornton Sr.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>William H. Thornton Sr.</b> ADDRESS <b>R.F.D. 5 ST J</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>15 hrs</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause lost. DUE TO (b) <b>arteriosclerosis</b>		<b>unknown</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 _____		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 <b>April, 1952</b> to <b>5-26, 1952</b> , that I last saw the deceased alive on <b>5-20, 1952</b> , and that death occurred at <b>2:30 A.M.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>Clement Thornton</b> (Degree or title) _____		23b. ADDRESS <b>St. Joseph Mo.</b>		23c. DATE SIGNED <b>5-27-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 29, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph Missouri</b>
DATE REC'D BY LOCAL REG. <b>MAY 27, 1952</b>		REGISTRAR'S SIGNATURE <b>Carl C. Casper</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Norman W. Pfendler</b> ADDRESS <b>1802 Union St</b>

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

5119

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 Robert H. Yaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.