

MAY 21 1952

STANDARD CERTIFICATE OF DEATH

15679
State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 566

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>DeKalb</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Stewartsville, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>4 da.</u>		d. STREET ADDRESS (If rural, give location) <u>0320</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Shelby</u> b. (Middle) <u>Roy</u> c. (Last) <u>Thornton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 - 26 - 52</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Aug. 7, 1893</u>			9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Banker</u>
10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Clarksdale, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13. FATHER'S NAME <u>Jackson J. Thornton</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine S. Perney</u>		14. NAME OF HUSBAND OR WIFE <u>Leah Thornton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>495-07-5489</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Leah Thornton</u>	
(If yes, give war or dates of service) <u>World War I</u>		17. ADDRESS <u>Stewartsville, Mo.</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumo-thorax</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fract. of ribs</u>			<u>3 days</u>
		DUE TO (c) <u>Paralytic ileus</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Emphysema - Tubercular</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E9020</u> <u>132</u> <u>21</u>			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.) <u>HOME</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Stewartsville Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5. 22. 52 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall out of window</u>	

22. I hereby certify that I attended the deceased from 5/24/52, 1952 to 5/25/52, 1952, that I last saw the deceased alive on 5/25, 1952, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. Grimes M.D.</u>		(Degree or title)		23b. ADDRESS <u>St. Joseph Mo</u>	
23c. DATE SIGNED <u>5-26-52</u>					

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-28-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stewartsville</u>	
				24d. LOCATION (City, town, or county) (State) <u>Stewartsville Mo</u>	

DATE REC'D BY LOCAL REG. <u>MAY 29, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Castel</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.B. Summerfield</u>	
				ADDRESS <u>Stewartsville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0117
0

JUN 26 1952

JUN 19 1952

VS MAY 24 1960

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.....
Student Embalmer

Signed *W. E. Summersfield*

Licensed Embalmer No. *3007*

P. O. Address *Stewartsville, 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.

JUN 12 1952