S. No. 300
v. 10.48

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

FILED AUG 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26995

BIRTH NO. _____ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4553 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY: WRIGHT 1141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MTN GROVE, MISSOURI
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MTN GROVE, MO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: WRIGHT 1141
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: MTN GROVE, MISSOURI 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): R.
c. (Last): THORNTON

4. DATE OF DEATH (Month) (Day) (Year): JULY 28 1952

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUGUST 5, 1873
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 11 Days 23 — IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: RETIRED FARMER
11. BIRTHPLACE (State or foreign country): KANSAS
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: JOHN THORNTON
13b. MOTHER'S MAIDEN NAME: CINDA COMSTOCK
14. NAME OF HUSBAND OR WIFE: SAMANTHA THORNTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: SAMANTHA THORNTON
ADDRESS: MTN GROVE, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 Day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
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: 4201
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-5 *19* 52, *to* 7-28, *19* 52, *that I last saw the deceased alive on* 7-28, *19* 52 *and that death occurred at* 8:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. A. Craig (Degree or title): D.O.
23b. ADDRESS: Mountain Grove Mo
23c. DATE SIGNED: 7/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JULY 31 1952
24c. NAME OF CEMETERY OR CREMATORY: HALE
24d. LOCATION (City, town, or county) (State): DORA MISSOURI

DATE REC'D BY LOCAL REG.: 8-7-52
REGISTRAR'S SIGNATURE: A. B. Ames 344-1
25. FUNERAL DIRECTOR'S SIGNATURE: Rex Barber
ADDRESS: Mtn. Grove

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
WRIGHT CO. HEALTH DEPT.
County File Number 852-96
Date Filed 8-9-96

AUG 13 19

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 .....

Licensed Embalmer No. 3848

P. O. Address Mt. Grove, 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.