

FILED APR 6 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9047

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 133

0143
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shofst Convalescent</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia Mo</u>	
		d. STREET ADDRESS (If rural, give location) <u>R 3</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ambrose</u> b. (Middle) <u>TH</u> c. (Last) <u>Thornton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 1st 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 1 1882</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Albert F. Thornton</u>	13b. MOTHER'S MAIDEN NAME <u>Ediga Griggs</u>	14. NAME OF HUSBAND OR WIFE <u>Lillie Smith Thornton</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give year or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Turner Thornton</u>	ADDRESS <u>Columbia</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> 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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from March 30, 1953, to April 1st, 1953, that I last saw the deceased alive on Mar. 31, 1953, and that death occurred at 5:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>D.N. Greaves M.D.</u> (Degree or title)	23b. ADDRESS <u>Fulton Mo.</u>	23c. DATE SIGNED <u>4-1-53</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 4, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Webb Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Boone Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>April 3-1953</u>	REGISTRAR'S SIGNATURE <u>M. Lawrence</u> <u>426-D</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lawrence Wilcott</u> ADDRESS <u>Funeral Home Columbia</u>
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(Licensed Embalmer's Statement on Reverse Side)

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, ~~as by~~

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Lynna N. Sprinkle*

Licensed Embalmer No. *4013*

P. O. Address *Columbia, 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.