

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25205**

FILED JUL 17 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3209

1. PLACE OF DEATH
a. COUNTY Jackson
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City c. LENGTH OF STAY (In this place) 70 Yrs
c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: General Hospital No. 1
e. STREET ADDRESS (If rural, give location) 2406 Guinotte 3048

3. NAME OF DECEASED (Type or Print) a. (First) Lonnie b. (Middle) _____ c. (Last) Thornton
4. DATE OF DEATH (Month) (Day) (Year) 6 22 53

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower- 1
8. DATE OF BIRTH Nov 22 1874 9. AGE (In years last birthday) 78 IF UNDER 1 YEAR: MONTHS _____ DAYS _____ IF UNDER 1 HR.: HOURS _____ MIN. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thornton 13b. MOTHER'S MAIDEN NAME No record 14. NAME OF HUSBAND OR WIFE Anna Thornton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 487-03-7941
17. INFORMANT'S SIGNATURE OR NAME ADDRESS John W. Thornton Trimble, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES (b) _____ (c) _____
MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____ (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 49 1/2

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) (Min) _____ 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 June 21, 1953, to June 22, 1953, that I last saw the deceased alive on June 22, 1953, and that death occurred at 11:15A m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) M.D. 23b. ADDRESS 24th & Cherry 23c. DATE SIGNED 6-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE June 24 1953 24c. NAME OF CEMETERY OR CREMATORY Green Lawn 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 6-23-53 REGISTRAR'S SIGNATURE Heraldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs C.L. Forster Funerals Home K.C. Mo.

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

Dr. J. H. ...

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.....
Signature of Student Embalmer

Signed..... *Joe B. Yoder*
Licensed Embalmer No. *417*
P. O. Address..... *K.C. 7*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.