

STANDARD CERTIFICATE OF DEATH

36123

State File No.

FILED OCT 23 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4815

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nelson, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>10 days</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Neurological Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Nathaniel P. Thornton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 - 5 - 1953</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-27-1870</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 21 HRS: Hours _____ Mins. _____
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		11. BIRTHPLACE (City and State or Foreign Country) <u>Nelson, Mo. D</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>James Thornton</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza Talbott</u>	14. NAME OF HUSBAND OR WIFE <u>Sally Thornton</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>
17. INFORMANT'S SIGNATURE OR NAME <u>James P. Thornton</u>		
ADDRESS		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Ascribed conditions, if any, giving rise to the above cause (c) stating the underlying cause last.		24 hrs
	DUE TO (b) <u>Coronary artery thrombosis</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic myelonephritis</u>			36 hrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4501</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 9-25, 1953 to 10-5, 1953, that I last saw the deceased alive on 10-5, 1953, and that death occurred at 5:32 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Louise B. Loewy</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>2625 W. Passo</u>	23c. DATE SIGNED <u>10-5-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>10/5/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Nelson Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Nelson Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-6-53</u>	REGISTRAR'S SIGNATURE <u>Steldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stine-McClure</u>
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(I, licensed Embalmer's Statement on Reverse Side)

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

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

J. S. Walton

Licensed Embalmer No.

2744

P. O. Address

12c mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.