

FILED DEC 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38430

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>10</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		d. STREET ADDRESS (If rural, give location) <u>2000 W. Clay St.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. Joseph's Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2000 W. Clay St.</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JUDY</u>		b. (Middle)		c. (Last) <u>THORNTON</u>			
4. DATE OF DEATH		(Month) <u>Nov. 29</u>		(Day) <u>1954</u>		(Year)			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Nov. 29, 1954</u>		9. AGE (In years last birthday) <u>0</u> <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u> <u>6</u> <u>7</u> <u>8</u> <u>9</u> <u>10</u> <u>11</u> <u>12</u> <u>13</u> <u>14</u> <u>15</u> <u>16</u> <u>17</u> <u>18</u> <u>19</u> <u>20</u> <u>21</u> <u>22</u> <u>23</u> <u>24</u> <u>25</u> <u>26</u> <u>27</u> <u>28</u> <u>29</u> <u>30</u> <u>31</u> <u>32</u> <u>33</u> <u>34</u> <u>35</u> <u>36</u> <u>37</u> <u>38</u> <u>39</u> <u>40</u> <u>41</u> <u>42</u> <u>43</u> <u>44</u> <u>45</u> <u>46</u> <u>47</u> <u>48</u> <u>49</u> <u>50</u> <u>51</u> <u>52</u> <u>53</u> <u>54</u> <u>55</u> <u>56</u> <u>57</u> <u>58</u> <u>59</u> <u>60</u> <u>61</u> <u>62</u> <u>63</u> <u>64</u> <u>65</u> <u>66</u> <u>67</u> <u>68</u> <u>69</u> <u>70</u> <u>71</u> <u>72</u> <u>73</u> <u>74</u> <u>75</u> <u>76</u> <u>77</u> <u>78</u> <u>79</u> <u>80</u> <u>81</u> <u>82</u> <u>83</u> <u>84</u> <u>85</u> <u>86</u> <u>87</u> <u>88</u> <u>89</u> <u>90</u> <u>91</u> <u>92</u> <u>93</u> <u>94</u> <u>95</u> <u>96</u> <u>97</u> <u>98</u> <u>99</u> <u>100</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Ralph Thornton</u>			13b. MOTHER'S MAIDEN NAME <u>Barbara Williams</u>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ralph Thornton, St. Charles, Mo.</u>		ADDRESS			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>1h</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>				ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ancephaly, Meningo-myelocel</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"/>			
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 <u>Nov 29, 1954, to Nov 29, 1954</u> , that I last saw the deceased alive on <u>Nov 29, 1954</u> , and that death occurred at <u>6:30 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>William H. Poggenmeyer M.D.</u>				23b. ADDRESS <u>St. Charles, Mo</u>		23c. DATE SIGNED <u>Nov 29, 1954</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov. 29, 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mexico, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Jan 28 1954</u>		REGISTRAR'S SIGNATURE <u>Frank Hamilton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank E. ...</u>		ADDRESS <u>Mexico, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

not

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 Earl E. Pruitt.....

Licensed Embalmer No. 3189.....

P. O. Address Mexico, 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.