

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

301

State File No.

FILED JAN 24 1955

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Doniphan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	c. LENGTH OF STAY (In this place) <u>1 week</u>	c. CITY OR TOWN <u>Highland</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		f. STREET ADDRESS (If rural, give location) <u>8150g</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Paul</u>	b. (Middle) <u>Richard</u>	c. (Last) <u>Thornton</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 8, 1955</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>October 14, 1907</u>
9. AGE (In years last birthday) <u>47</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Musical teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Public Schools</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>LeRoy, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>William C. Thornton</u>	13b. MOTHER'S MAIDEN NAME <u>Tony Rich</u>	14. NAME OF HUSBAND OR WIFE <u>Grace</u>
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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>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Grace Thornton, Highland, Kansas</u>	ADDRESS <u>Highland, Kansas</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized adenocarcinomatous</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adenocarcinoma sigmoid colon</u>		<u>21 mo.</u>
	DUE TO (c) <u>Duodenal ulcer</u>		<u>3 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>May 1953</u>	19b. MAJOR FINDINGS OF OPERATION <u>Resection + colostomy July 1954 ureteral transplant 153x</u>	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)
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 July 1954, to Jan 8, 1955 and I last saw the deceased alive on January 8, 1955 and that death occurred at 11:30a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. S. Grant M.D.</u>	23b. ADDRESS <u>St. Joseph, Mo.</u>	23c. DATE SIGNED <u>1-10-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1/8/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highland, Kansas</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>Jan 19, 1955</u>	REGISTRAR'S SIGNATURE <u>Esther M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Bowman</u>	ADDRESS <u>St. Joseph, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 24 1955

See side cert.

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 *G. E. Wood*

Licensed Embalmer No. *3804*

P. O. Address *317 10th St*

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.