

FILED DEC 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37412
Registrar's No. 5th

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Bedford)</u>		c. CITY OR TOWN _____	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lincoln County Memorial Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>One mile north of Troy MO.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>HENRY</u> c. (Last) <u>THORNHILL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 26, 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 1 1889</u>
9. AGE (In years last birthday) <u>66</u>		10. MONTHS <u>1</u>	11. DAYS <u>25</u>
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>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Troy MO.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Wm. Norris Thornhill</u>	
13b. MOTHER'S MAIDEN NAME <u>Malinda Shelton</u>		14. NAME OF HUSBAND OR WIFE <u>Maria Thornhill</u>	
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>486-40-4018</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Maria Thornhill</u> ADDRESS <u>Troy MO.</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u> ANTECEDENT CAUSES <u>Cerebral hemorrhage</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>	
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 22, 1955</u> to <u>Nov 26, 1955</u> that I last saw the deceased alive on <u>Nov 26, 1955</u> , and that death occurred at <u>11:30 PM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. L. Kelley</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Troy MO</u>	
23c. DATE SIGNED <u>11-28-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 29, 1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Troy Colored Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Troy MO.</u>	
DATE REC'D BY LOCAL _____		REGISTRAR'S SIGNATURE <u>Emma R. Riddle</u> ADDRESS <u>162 Wayne M & Leary Troy MO</u>	
25. FUNERAL DIRECTOR'S SIGNATURE _____		ADDRESS _____	

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.....
Signature of Student Embalmer

Signed Wayne M. Coy.....

Licensed Embalmer No. 3589

P. O. Address Tracy, N.C.

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.