

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26620

STATE FILE NUMBER

FILED SEP 17 1956

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 831

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Springfield	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD#5		d. STREET ADDRESS RFD#5	
3. NAME OF DECEASED (Type or print) HAZEL First Middle Last THORNTON		4. DATE OF DEATH Month September Day 13 Year 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 26 Oct. 1913
9. AGE (In years last birthday) 42		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker	11. BIRTHPLACE (City and state or country) MISSOURI
10a. KIND OF BUSINESS OR INDUSTRY At Home		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME WILLIAM HARTLEY		14. MOTHER'S MAIDEN NAME NARSIE SATTERWHITE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. since year or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT TONY THORNTON		Address SPGFD. Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma, colon with Abdominal Carcinomatosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Abdominal Carcinomatosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 153X			INTERVAL BETWEEN ONSET AND DEATH 1 yr
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour 10:30 P Month Aug Day 13 Year 1956	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Springfield, Missouri		20g. COUNTY Greene	
20h. STATE Missouri		21. I attended the deceased from Aug 13, 1956 and last saw her/him alive on Sept 13, 1956 Death occurred at 10:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Thomas Mosley, MD (Degree or title)		22b. ADDRESS 1630 N. Jefferson	
22c. DATE SIGNED 9-14-56		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE 9-15-56		23c. NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	
23d. LOCATION (City, town, or county) Springfield, Missouri		23e. STATE Missouri	
24. FUNERAL DIRECTOR JW Klingner & Co.		25. DATE RECD. BY LOCAL REG. 9-14-56	
26. REGISTRAR'S SIGNATURE Wm. Williams		27. (Licensed Embalmer's Statement on Reverse Side)	

Health, Welfare, Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Max Glueck*

Licensed Embalmer No. *46*

P. O. Address *Spring*

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.