

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32505**

FILED DEC 10 1956

BIRTH NO. _____		REG. DIST. NO. 99		PRIMARY REG. DIST. NO. 4171		Registrar's No. 2		
1. PLACE OF DEATH a. COUNTY DeKalb				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY DeKalb				
b. CITY OR TOWN Clarksdale		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN Clarksdale		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				e. STREET ADDRESS (If rural, give location) 0 2 0				
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Oliver c. (Last) Thornton			4. DATE OF DEATH (Month) (Day) (Year) 11 - 24 - 56					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 2, 1879		
9. AGE (in years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Mo.		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME George Thornton		13b. MOTHER'S MAIDEN NAME Mary Carrel		14. NAME OF HUSBAND OR WIFE Lucielle		
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.		17. INFORMANT'S SIGNATURE OR NAME Lucielle Thornton Clarksdale Mo 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial insufficiency ANTECEDENT CAUSES Senility 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.					INTERVAL BETWEEN ONSET AND DEATH 2 years	
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. HOW DID INJURY OCCUR? 422-2		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
22. I hereby certify that I attended the deceased from 8-27 , 19 56 , to 11-24 , 19 56 , that I last saw the deceased alive on 11-24 , 19 56 , and that death occurred at 11 A. m., from the causes and on the date stated above.								
23a. SIGNATURE E. J. [Signature] (Degree or title) D. O.				23b. ADDRESS Stewartville, Mo		23c. DATE SIGNED 11-30-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-27-56		24c. NAME OF CEMETERY OR CREMATORY Thornton		24d. LOCATION (City, town, or county) (State) Clarksdale Mo		
DATE REC'D BY LOCAL REG. 12-1-56		REGISTRAR'S SIGNATURE Russell [Signature]		25. FEDERAL DIRECTOR'S SIGNATURE John Brown ADDRESS Mayaville 6				

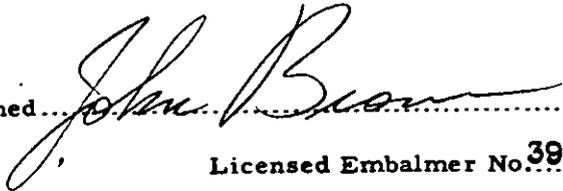
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

82 v

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.....


Licensed Embalmer No. 3933.....

P. O. Address. Mayesville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.