

FILED OCT 4 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32214

STATE FILE NUMBER

4325

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4325

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Jackson Cook</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Chicago</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Queen of The World</b>			Length of stay in 1b <b>10 days</b>		d. STREET ADDRESS <b>1811 S. Ridgeway</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>Dorothy Marie Thornton</b>				First	Middle	Last	4. DATE OF DEATH <b>Sept. 15, 1957</b>		
5. SEX <b>female</b>	3	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 9, 1928</b>	28	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house wife</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Chicago, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
13. FATHER'S NAME <b>Willie Anderson</b>				14. MOTHER'S MAIDEN NAME <b>Mary Lowe</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Mary Lowe Anderson, Chicago, Illinois</b>			Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic Glomerular Nephritis</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause, last. DUE TO (b) <b>Uremia and Uremic Pericarditis</b> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH  <b>592 X</b>		
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 Month, Day, Year a. m. p. m.			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 COUNTY STATE		
21. I attended the deceased from <b>September 8, 57</b> to <b>September 15, 57</b> and last saw her alive on <b>Sept. 15, 1957</b> Death occurred at <b>11:25 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>Bruce P. Mc Donald M.D.</b>				22b. ADDRESS <b>2604 Prospect Avenue</b>			22c. DATE SIGNED <b>9/16/57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Sept. 16, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) <b>Chicago Illinois</b>				
24. FUNERAL DIRECTOR <b>Mrs. Meek's Mortuary, Kansas City, Mo. 9-17-57</b>			25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE <b>Irene Minshall</b>				

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Bruce P. Mc Donald

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. If no symptoms were observed, use only standard certificate in item 10. If symptoms were observed, use only standard certificate in item 10. If symptoms were observed, use only standard certificate in item 10.

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(Licensed Embalmer's Statement on Reverse Side)

11/22/55



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Millard B. Pask* .....

Licensed Embalmer No. *50*

P. O. Address *K.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.

(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.