

FILED MAR 17 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008833

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 119

100  
-57

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Boone</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Columbia</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Columbia</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Columbia</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>Boone County Hospital</b>			Length of stay in lb <b>19 Years</b>	d. STREET ADDRESS <b>1005 Walnut</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <b>HELEN</b>		Middle		Last <b>THORNTON</b>		Month Day Year <b>March 12, 1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> <b>2</b> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Sept. 19, 1877</b>		9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Restaurant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Restaurant</b>		11. BIRTHPLACE (City and state or country) <b>Longside, Scotland 4</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Penny</b>			13b. MOTHER'S MAIDEN NAME <b>Helen Duncan</b>			14. NAME OF HUSBAND OR WIFE <b>Adam Thornton</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>-</b>	17. INFORMANT Address <b>Mrs. Helen Meyer, Bottineau, N. Dakota</b>			
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>POSTERIOR WALL MYOCARDIAL INFARCTION</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 DAYS</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>ARTERIOSCLEROTIC HEART DISEASE</b>						SEVERAL YEARS	
DUE TO (c) <b>GENERALIZED ARTERIOSCLEROSIS 4200F</b>						SEVERAL YEARS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>BARBITURATE INTOXICATION DUE TO ACCIDENTAL SELFADMINISTRATION OF OVERDOSE OF DELVINAL 3-9-58</b>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.) <b>2</b>				
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 _____ to <b>3-12-58</b> and last saw her alive on <b>3-11-1958</b> Death occurred at <b>12:45 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>[Signature]</i>			22b. ADDRESS <b>22 N 8th Columbia Mo</b>			22c. DATE SIGNED <b>3-12-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Mar. 15, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri.</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Parker Funeral Service, Columbia, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>March 14 1958</b>		26. REGISTRAR'S SIGNATURE <b>Mrs R E Palmer</b>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

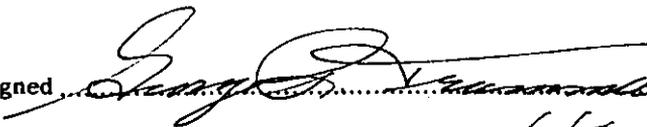
All diseases in Part I must be causally related.

MAR 26 1958

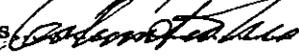
STATEMENT BY LICENSED EMBALMER

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. 425

P. O. Address 

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.