

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022758
STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 140

1. PLACE OF DEATH a. COUNTY <u>PEMISCOT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NEW MADRID</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HAY TI</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>PORTAGOVILLE</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PEMISCOT MEMORIAL</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>0720</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>IDELL THORNTON</u>			4. DATE OF DEATH Month Day Year <u>JUNE 4 1958</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>BLACK</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>DEC 10 1919</u>		9. AGE (In years last birthday) <u>38</u> Month <u>5</u> Days <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and state or country) <u>ARKANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>George Lewis</u>		13b. MOTHER'S MAIDEN NAME <u>FANNIE BYRD</u>		14. NAME OF HUSBAND OR WIFE <u>JONAS THORNTON</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.	17. INFORMANT <u>James Thornton</u> Address <u>Portagoville Mo</u> ^{RH}		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Toxemia of pregnancy (Eclampsia)</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>No prenatal medical supervision</u>	
	DUE TO (c) <u>b423</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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 1:00 PM 3 June 1958 to 4 June 1958 and last saw her alive on 4 June 1958
Death occurred at 08:45 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Andrew E. Painter M.D.</u>	22b. ADDRESS <u>223 King St. Portagoville, Mo.</u>	22c. DATE SIGNED <u>6 June 58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>June 8 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>McMullin</u>	23d. LOCATION (City, town, or county) (State) <u>SIKESTON RH MO</u>
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24. FUNERAL DIRECTOR <u>Delishe Funeral Parlor</u>	25. DATE RECD. BY LOCAL REG. <u>Mo 6-11-58</u>	26. REGISTRAR'S SIGNATURE <u>John W. German</u>
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(Licensed Embalmer's Statement on Reverse Side)

S. 300
1-57
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

6-175-58

JUN 18 1958

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *Joseph A. DeFoe*
Licensed Embalmer No. 4481
P. O. Address Caruthersville, 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.