. Health,
& Welfare
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-026362
STATE FILE NUMBER

FILED AUG 11 1958 Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 85

1. PLACE OF DEATH
a. COUNTY Newton
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Neosho — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Sale Memorial — Length of stay in 1b 6 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN 7005 Independence — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 206½ Main St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Herbert Middle Bennie Last Thornton

4. DATE OF DEATH Month Aug. Day 5, Year 1958

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH June 25, 1896
9. AGE (In years last birthday) 62 — 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) Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY Unemployed
11. BIRTHPLACE (City and state or country) Oklahoma
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Thornton
13b. MOTHER'S MAIDEN NAME Virgie McBride
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. 446-05-9887
17. INFORMANT Address Floyd Thornton, Okla. City Okla.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Shock + Pulmonary Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Car accident (Crushed Chest + Head injury) — 6 days
DUE TO (c) Head, chest, abdominal + left hip Injuries — 6 days
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 [ ] NO [X] 2

20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Turned car over on Curve - swerved to miss a dog
20c. TIME OF INJURY 11:00 Hour a.m. ~~p.m.~~ Month, Day, Year July 31-58
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) North of Pineville, Mo
20f. CITY, TOWN, OR LOCATION 060 Pineville, Mo. COUNTY McDonald STATE Mo

21. I attended the deceased from July 31, 1958 to Aug. 5, 1958 and last saw ~~her~~ him alive on Aug. 5, 1958
Death occurred at 6:20 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Melvin C. Bowman M.D. 0
22b. ADDRESS Neosho, Mo
22c. DATE SIGNED 8-6-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 8-6-1958
23c. NAME OF CEMETERY OR CREMATORY Lowery Cemetery
23d. LOCATION (City, town, or county) (State) Talihina Oklahoma

24. FUNERAL DIRECTOR Corley Thompson Sr. ADDRESS Neosho Mo.
25. DATE RECD. BY LOCAL REG. 8-6-58
26. REGISTRAR'S SIGNATURE Melvin C. Bowman M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

AUG 14 1958
RECEIVED
District Health Officer No. Newton
District File Number 858-166
Date Filed AUG 8 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 Carey Thompson Sr.
Licensed Embalmer No. 3259
P. O. Address Neosho 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.