

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008439 (156)
STATE FILE NUMBER

FILED APR 14 1959 Registration District No. 38 Primary Registration District No. 5120 Registrar's No. 15006

300
-57 3

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Columbia 0105
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION E. City Limits		Length of stay in lb -----	d. STREET ADDRESS (If outside, give location) 1400 Bass Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Tom Mac Thornton			4. DATE OF DEATH Month Day Year 4 3 59			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 12, 1932		9. AGE (In years last birthday) 26	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTHPLACE (City and state or country) Dyer County, Tennessee		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME R. O. Thornton		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Ida Mae Thornton		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes Korea		16. SOCIAL SECURITY NO. 415-48-9905		17. INFORMANT Ida Mae Thornton Columbia, Mo. 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) <i>Fracture of neck</i> <i>Basilar skull fracture</i> DUE TO (b) <i>Trauma</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <i>Instant</i>
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"/> 2

20a. ACCIDENT <input checked="" 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.) <i>Automobile Accident</i>	
20c. TIME OF INJURY Hour Month, Day, Year <i>10:35 p.m. Apr. 3 59</i>		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>St Highway</i>	20f. CITY, TOWN, OR LOCATION <i>Columbia Township Boone Missouri</i>
21. I attended the deceased from <i>Pathologist</i> to _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE <i>Allyn Boyett</i> <i>Rosalie E. Schults, M.D.</i>	(Degree or title) <i>Pathologist</i>	22b. ADDRESS <i>Boone County Hosp. Columbia, Mo.</i>	22c. DATE SIGNED <i>4-4-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>4/4/59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Dyersberg, Tenn.</i>	23d. LOCATION (City, town, or county) (State) <i>Dyersberg, Tenn.</i>

24. FUNERAL DIRECTOR <i>Lyman Sprinkle Columbia, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>April 4 1959</i>	26. REGISTRAR'S SIGNATURE <i>Mrs R.E. Palmer</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

APR 16 1959

MAY 4 1959

MAY 1 1959

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 *George D. ...*

Licensed Embalmer No. 4425
P. O. Address Columbia, 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.