RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–031866

STATE FILE NUMBER

FILED VS OCT 7 1959 93

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 59-77

DED

1. PLACE OF DEATH
a. COUNTY: Dade
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lockwood
Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Memorial Hospital
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: Dade
c. CITY OR TOWN: Dadeville
Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): Rt #1 (4 mi. W)
Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: Edward Middle: Franklin Last: Thornton

4. DATE OF DEATH: Month: Sept. Day: 28 Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: June 3, 1902

9. AGE (last birthday): 57

IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HR: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (City and state or country): Cedar Co., Mo.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Joe Thornton

13b. MOTHER'S MAIDEN NAME: Edna Mae Thomas

14. NAME OF HUSBAND OR WIFE: Dosha Thornton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Dosha Thornton; Address: Route #1 Dadeville, Mo.

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): Pulmonary Embolism (?)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Thrombosis Leg Vein
DUE TO (c): _____
INTERVAL BETWEEN ONSET AND DEATH: 2 days.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Pt Had diabetes & very Poor Control

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 3-3-59, to 9-28-59 and last saw him alive on 9-28-59
Death occurred at 1:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Emil W. Taylor M.D. (Degree or title)

22b. ADDRESS: Lockwood, Mo.

22c. DATE SIGNED: 9/30/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Oct. 1, 1959

23c. NAME OF CEMETERY ~~OR CREMATORY~~: Corry Cem.

23d. LOCATION (City, town, or county): Dade County (State): Mo.

24. FUNERAL DIRECTOR: J. C. Canada; ADDRESS: Greenfield, Mo.

25. DATE RECD. BY LOCAL REG.: 10/1/1959

26. REGISTRAR'S SIGNATURE: J. C. Canada

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

~~or by~~ _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield,

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