

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-041231**

**FILED VS DEC 14 1959**

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 394

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

<b>3. NAME OF DECEASED</b> (Type or print)			<b>4. DATE OF DEATH</b>			
First <u>BETTIE</u>	Middle <u>C.</u>	Last <u>THORNTON</u>	Month <u>Dec.</u>	Day <u>6,</u>	Year <u>1959</u>	

<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>2-14-1872</u>	<b>9. AGE (last birthday)</b> <u>87</u>	<b>IF UNDER 1 YEAR</b>	<b>IF UNDER 24 HR</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Lincoln County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	

<b>13a. FATHER'S NAME</b> <u>James Carson</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Marcissa Garner</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>George W. Thornton</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b> <u>none</u>	<b>17. INFORMANT</b> <u>Mr. Jim Wiley, Hughesville, Missouri</u>
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
IMMEDIATE CAUSE (a) <u>Chronic myocarditis</u>		
DUE TO (b) <u>Arterio Sclerosis + hypertension</u>		
DUE TO (c)		

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

<b>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a) <u>Senile dementia</u>	<b>PART III. If deceased was female was there a pregnancy in last 90 days.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT SUICIDE HOMICIDE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)
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<b>20c. TIME OF INJURY</b> Hour a.m. p.m.	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	<b>COUNTY</b>	<b>STATE</b>
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**21. I attended the deceased from** March 1952, to Dec 6/1959 and last saw her alive on 12/6/59  
Death occurred at 11:50 pm on the date stated above, and to the best of my knowledge, from the causes stated.

<b>22a. SIGNATURE</b> (Degree or title) <u>DW Boger MD</u>	<b>22b. ADDRESS</b> <u>Sedalia Mo</u>	<b>22c. DATE SIGNED</b> <u>12/7/59</u>
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<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>23b. DATE</b> <u>Dec.-8-1959</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>High Point Cemetery</u>	<b>23d. LOCATION (City, town, or county)</b> <u>Hughesville, Missouri</u>
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<b>24. FUNERAL DIRECTOR</b> <u>D. W. Heckart, Sedalia, Missouri</u>	<b>25. DATE RECD. BY LOCAL REG.</b> <u>12-11-1959</u>	<b>26. REGISTRAR'S SIGNATURE</b> <u>Frances Shelby</u>
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DOCUMENT

MEDICAL CERTIFICATION

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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 15063  
P. O. Address Adalia, 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.