

# JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027795

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STATE FILE NUMBER

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|--|--|--|------------------------------------|---|--|---|--|--|--|--|--|--|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <b>Pemiscot</b><br>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Steele</b><br>Length of stay in 1b <b>20yrs</b><br>c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>406 Bellvue</b><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |  |                                    | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Pemiscot</b><br>c. CITY OR TOWN <b>Steele</b><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>d. STREET ADDRESS (If outside, give location) <b>406 Bellvue</b><br>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |   |  |  |  |  |  |  |  |
| <b>3. NAME OF DECEASED</b> (Type or print)<br>First <b>John</b> Middle <b>Henry</b> Last <b>Thornton</b>   |  |  |                                    | <b>4. DATE OF DEATH</b><br>Month <b>Jan.</b> Day <b>26</b> Year <b>1960</b>   |  |   |  |  |  |  |  |  |  |
| <b>5. SEX</b><br><b>Male</b>   |  | <b>6. COLOR OR RACE</b><br><b>White</b>  |                                    | <b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/><br><b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>  |  | <b>8. DATE OF BIRTH</b><br><b>7-19-80</b>                                 |  | <b>9. AGE (last birthday)</b><br><b>79</b>   |  | IF UNDER 1 YEAR<br>Months <b>6</b> Days <b>7</b>   |  | IF UNDER 24 HR<br>Hours <b></b> Min. <b></b> |  |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of last year, even if retired)<br><b>retired</b>  |  |  |                                    | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><b>Farmer</b>   |  | <b>11. BIRTHPLACE</b> (City and state or country)<br><b>Prescot, Ark.</b> |  |  | <b>12. CITIZEN OF WHAT COUNTRY</b><br><b>U S A</b> |  |  |  |  |
| <b>13a. FATHER'S NAME</b><br><b>Yancy Thornton</b>   |  |  |                                    | <b>13b. MOTHER'S MAIDEN NAME</b><br><b>Mary Morgan</b>  |  |   |  | <b>14. NAME OF HUSBAND OR WIFE</b><br><b>Mrs. Bertha Thornton</b>  |  |  |  |  |  |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b><br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |  |  |                                    | <b>16. SOCIAL SECURITY NO.</b>  |  | <b>17. INFORMANT</b> Address<br><b>Mrs. Bertha Thornton Steele, Mo.</b>   |  |  |  |  |  |  |  |
| <b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral hemorrhage</b><br>(b) <b>Arteriosclerosis</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c)   |  |  |                                    |   |  |   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>60 days</b> |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |  |  |                                    |   |  |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |  |  |  |  |
| <b>19. WAS AUTOPSY PERFORMED?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  | <b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/> |                                    | <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)   |  |   |  |  |  |  |  |  |  |
| <b>20c. TIME OF INJURY</b><br>Hour <b></b> Month, Day, Year <b></b><br>a.m. <b></b> p.m. <b></b>   |  | <b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <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>                                       |  |  |  |
| <b>21. I attended the deceased from</b> <b>6-1-57</b> , to <b>1-26-60</b> and last saw him alive on <b>1-26-60</b><br>Death occurred at <b>11:20 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.  |  |  |                                    |   |  |   |  |  |  |  |  |  |  |
| <b>22a. SIGNATURE</b><br><i>Wm Wance</i> (Degree or title)   |  |  |                                    |   |  | <b>22b. ADDRESS</b><br><b>Steele Mo</b>                                   |  |  | <b>22c. DATE SIGNED</b><br><b>1-28-60</b>          |  |  |  |  |
| <b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b><br><b>Burial</b>  |  |  | <b>23b. DATE</b><br><b>1-29-60</b> |   | <b>23c. NAME OF CEMETERY OR CREMATORY</b><br><b>Mt. Zion</b> |   |  | <b>23d. LOCATION (City, town, or county)</b><br><b>Steele, Missouri</b> (State)  |  |  |  |  |  |
| <b>24. FUNERAL DIRECTOR</b> ADDRESS<br><b>German Funeral Home Steele, Mo.</b>  |  |  |                                    | <b>25. DATE RECD. BY LOCAL REG.</b><br><b>8-1-60</b>  |  | <b>26. REGISTRAR'S SIGNATURE</b><br><i>[Signature]</i>                    |  |  |  |  |  |  |  |

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  
or by Jim F. McClure, Student Embalmer No. 596

working under my personal supervision.

Student Jim F. McClure  
Signature of Student Embalmer

Signed Noel E. Dean

Licensed Embalmer No. 3941

P. O. Address Caruth

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