MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-023478

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2801 STATE FILE NUMBER

FILED JUN 21 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1
2 3x38 2
3
4 1
5 2
6
7 0
8 2
9 4200
10
11
12 90-0
13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 40 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 9712 Holly — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 9712 Holly — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Ada — Middle L. — Last Thornton

4. DATE OF DEATH: Month May — Day 23 — Year 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1-11-1890
9. AGE (last birthday): 72 Yrs — 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): Athome
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Odessa, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Rev. William Martin Startzman
13b. MOTHER'S MAIDEN NAME: Cornelia Bowen
14. NAME OF HUSBAND OR WIFE: Dr. Thomas O. Thornton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Frances Segur — Address: 9712 Holly K. C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Myocardial Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Acute Coronary Occlusion
DUE TO (c): Arteriosclerotic Heart Disease
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ 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 5-11-54, to 5-23-62 and last saw her/him alive on 5-16-62
Death occurred at 2 A. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. N. A. Wheeler M.D.
22b. ADDRESS: 4320 Wornall Road, K. C. Mo.
22c. DATE SIGNED: 5-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-25-62
23c. NAME OF CEMETERY OR CREMATORY: Blue Springs
23d. LOCATION (City, town, or county) (State): Blue Springs Missouri

24. FUNERAL DIRECTOR — ADDRESS: Stine & McClure Kansas City, Missouri
25. DATE RECD. BY LOCAL REG.: 5-24-62
26. REGISTRAR'S SIGNATURE: Ruth H Long

MEDICAL CERTIFICATION: John Wheeler

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wheeler Jr
~~[illegible]~~ 1-2338
Playa Lime Bldg.
1:30-5 pm
[illegible]

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Kansas City, 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.