

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035284

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 46 Primary Registration District No. 4063 Registrar's No. 46

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Caldwell</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Caldwell</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hamilton</b>		Length of stay in 1b -----	c. CITY OR TOWN <b>Hamilton</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>At Railway Crossing</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Hamilton</b>
3. NAME OF DECEASED (Type or print) First <b>Komora</b> Middle <b>C.</b> Last <b>Thornhill</b>		4. DATE OF DEATH Month <b>Sept.</b> Day <b>27</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/21/89</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Insurance, Real Estate Broker Ins. &amp; Land</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Caldwell, Co. Mo.</b>	11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>
13a. FATHER'S NAME <b>James R. Chesher</b>		13b. MOTHER'S MAIDEN NAME <b>Herrriott Hill</b>	14. NAME OF HUSBAND OR WIFE <b>Hugh S. Thornhill</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>No</b>		16. SOCIAL SECURITY NO. <b>092</b>	17. INFORMANT <b>Jack Brown</b> Address <b>Polo, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Accident - hit by R.R. freight engine</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) <b>HIT WHILE RUNNING ACROSS RR. TRACKS</b>	
20c. TIME OF INJURY <b>1:00 p.m.</b>	Month, Day, Year <b>SEPT. 27 '63</b>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>RR. CROSSING</b>	20f. CITY, TOWN, OR LOCATION <b>HAMILTON</b>	COUNTY <b>CALDWELL</b> STATE <b>MO.</b>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>H. J. Elstu Do. (CORORER)</b>		22b. ADDRESS <b>Hamilton, Mo.</b>	22c. DATE SIGNED <b>Sept 27 '63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9/30/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Cowgill Cemetery</b>	23d. LOCATION (City, town, or county) <b>Cowgill, Mo.</b>
24. FUNERAL DIRECTOR <b>Morris A. Bram</b>	ADDRESS <b>Hamilton, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Oct 1- 63</b>	26. REGISTRAR'S SIGNATURE <b>Gladys Jones</b>

USE BLACK INK OR TYPEWRITER RIBBON

OCT 14 1963

FILED

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**STATEMENT BY LICENSED EMBALMER**

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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 Billie C. Gordon

Licensed Embalmer No. 4980

P. O. Address Hamilton, 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.

of Illinois Board of Health

Hamilton, Missouri