No. 300
10.48

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16876

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. 74

1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Humansville
c. LENGTH OF STAY (In this place): 2 1/2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Humansville Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Hickory
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weaubleau / Weaubleau Township
d. STREET ADDRESS (If rural, give location): In Town

3. NAME OF DECEASED (Type or Print): a. (First) Ira b. (Middle) A. c. (Last) Thornton

4. DATE OF DEATH (Month) (Day) (Year): May 17 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 23 1885
9. AGE (In years, last birthday): 63 — IF UNDER 1 YEAR: Months 10, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bank Auditor
10b. KIND OF BUSINESS OR INDUSTRY: Federal Reserve Bank
11. BIRTHPLACE (State or foreign country): Benton County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George W. Thornton
13b. MOTHER'S MAIDEN NAME: Sarah L. Kirby
14. NAME OF HUSBAND OR WIFE: Mayme 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'S SIGNATURE OR NAME: Ida C. Johnson — **ADDRESS**: Osceola Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture neck Left Femur — 4 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT ✓ SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) Humansville, (COUNTY) Polk (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 14 1949 4 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Fell

22. *I hereby certify that I attended the deceased from* July, 1948, *to* May, 1949, *that I last saw the deceased alive on* May 17, 1949, *and that death occurred at* 9:25 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: G. Robinson (Degree or title) MD
23b. ADDRESS: Humansville, Mo
23c. DATE SIGNED: 5/17/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 19-1949
24c. NAME OF CEMETERY OR CREMATORY: Sanders Cemetery
24d. LOCATION (City, town, or county) (State): Weaubleau, Mo.

DATE REC'D BY LOCAL REG.: May 18, 1949
REGISTRAR'S SIGNATURE: Ralph Barden per Jewell Barden
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25. FUNERAL DIRECTOR'S SIGNATURE: Gilbert Hathaway
ADDRESS: Wheatland, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 4-49-59
Date Filed 5-25-49

JUN 6 1949

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.

Signed Chas. Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Westernport, Md.

Signed _____
Student Embalmer

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 this body is not embalmed, fact should be so stated above.