

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19219

|                                                                                                                                                                                                                                                              |                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------|
| BIRTH NO. _____                                                                                                                                                                                                                                              |                                                                                                        | REG. DIST. NO. <b>128</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           | PRIMARY REG. DIST. NO. <b>2000</b>                                         | Registrar's No. <b>566</b>                          |
| 1. PLACE OF DEATH<br>a. COUNTY <b>GREENE</b>                                                                                                                                                                                                                 |                                                                                                        | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Stover</b>                                                                                                                                                                                                                                                                                                                          |                                                                            |                                                     |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Springfield</b>                                                                                                                                                              |                                                                                                        | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Crane</b>                                                                                                                                                                                                                                                                                                                                                                           |                                                                            |                                                     |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Burge Hospital</b>                                                                                                                                                                                                |                                                                                                        | d. STREET ADDRESS (If rural, give location) <b>0</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            |                                                     |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Larry</b> b. (Middle) <b>Ralph</b> c. (Last) <b>Thornton</b>                                                                                                                                         |                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4. DATE OF DEATH (Month) (Day) (Year) <b>June 25 1949</b>                  |                                                     |
| 5. SEX <b>M</b>                                                                                                                                                                                                                                              | 6. COLOR OR RACE <b>W</b>                                                                              | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>                                                                                                                                                                                                                                                                                                                                                                                                | 8. DATE OF BIRTH <b>June 4, 1948</b>                                       | 9. AGE (In years last birthday) <b>1</b>            |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>                                                                                                                                                      |                                                                                                        | 10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>                                                                                                                                                                                                                                                                                                                                                                                                                       | 11. BIRTHPLACE (State or foreign country) <b>Missouri</b>                  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>          |
| 13a. FATHER'S NAME <b>Ralph O. Thornton</b>                                                                                                                                                                                                                  |                                                                                                        | 13b. MOTHER'S MAIDEN NAME <b>Marjorie Lou Hair</b>                                                                                                                                                                                                                                                                                                                                                                                                                  | 14. NAME OF HUSBAND OR WIFE <b>NONE</b>                                    |                                                     |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>                                                                                                                                                                                  |                                                                                                        | 16. SOCIAL SECURITY NO. <b>None</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 | 17. INFORMANT'S SIGNATURE OR NAME <b>Ralph O. Thornton</b> ADDRESS _____   |                                                     |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                               |                                                                                                        | <b>MEDICAL CERTIFICATION</b><br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Heart - to left intragular septal defect</b><br>ANTECEDENT CAUSES <b>As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b><br>DUE TO (b) <b>defect</b><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |                                                                            | INTERVAL BETWEEN ONSET AND DEATH<br><br><b>7544</b> |
| 19a. DATE OF OPERATION _____                                                                                                                                                                                                                                 | 19b. MAJOR FINDINGS OF OPERATION _____                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>   |                                                     |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____                                                                                                                                                                                                               | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____         | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                                     |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____                                                                                                                                                                                                   | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                            |                                                     |
| 22. I hereby certify that I attended the deceased from <b>June 25, 1949</b> to <b>June 27, 1949</b> , that I last saw the deceased alive on <b>June 27, 1949</b> , and that death occurred at <b>11:45</b> m., from the causes and on the date stated above. |                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                            |                                                     |
| 23a. SIGNATURE <b>[Signature]</b> (Degree or title) _____                                                                                                                                                                                                    |                                                                                                        | 23b. ADDRESS <b>1111 1/2 W. 60th Street</b>                                                                                                                                                                                                                                                                                                                                                                                                                         | 23c. DATE SIGNED <b>June 25, 49</b>                                        |                                                     |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>                                                                                                                                                                                                     | 24b. DATE <b>June 25, 1949</b>                                                                         | 24c. NAME OF CEMETERY OR CREMATORY <b>Marionville Cemetery</b>                                                                                                                                                                                                                                                                                                                                                                                                      | 24d. LOCATION (City, town, or county) (State) <b>Marionville, Missouri</b> |                                                     |
| DATE REC'D BY LOCAL REG. <b>6-27-49</b>                                                                                                                                                                                                                      | REGISTRAR'S SIGNATURE <b>[Signature]</b>                                                               | 25. FEDERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>Springfield, Mo</b>                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |                                                     |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.4839  
6

**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 .....  
Student Embalmer

Signed

*L. Beahm Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield, 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 this body is not embalmed, fact should be so stated above.