

FILED OCT 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34015**
4255

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4255</u>							
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo.</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		3 8							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>3824 Olive</u> <u>550</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roger</u>			b. (Middle) <u>Keith</u>		c. (Last) <u>Thornton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10</u> <u>1</u> <u>49</u>						
5. SEX <u>M</u> <u>0</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Feb 22, 47</u>		9. AGE (In years) (last birthday) <u>2</u>		10 UNDER 1 YEAR Months Days		11 UNDER 1 MIN. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>Kansas City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Richard Thornton</u>				13b. MOTHER'S MAIDEN NAME <u>MARY E. PRIOR</u>				14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME <u>Richard Thornton</u>						ADDRESS <u>3824 Olive</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Dilatation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Postoperative accumulation mucus in trachea</u> DUE TO (c) <u>Cerebro palsy (congenital)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>5101</u>								INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>			
19a. DATE OF OPERATION <u>10-1-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Hypertrophied & congested T. aortic valvelets</u>								20. AUTOPSY? YES <input checked="" 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)		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 <u>10-1</u> , 19 <u>49</u> , to <u>10-1</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10-1</u> , 19 <u>49</u> , and that death occurred at <u>10 P</u> m., from the causes and on the date stated above.													
23a. SIGNATURE <u>Homer A. Beal</u> (Degree or title) <u>M. D.</u>						23b. ADDRESS <u>1000 Professional Bldg</u>			23c. DATE SIGNED <u>10-3-49</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>10-3-49</u>		24c. NAME OF CEMETERY OR CREMATORY —				24d. LOCATION (City, town, or county) (State) <u>NEVADA, Mo</u>					
DATE REC'D BY LOCAL REG. <u>10-4-49</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>SPENCE McELUR</u>						ADDRESS <u>40 Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

L. J. Allen

Signed.....

..... Student Embalmer

Licensed Embalmer No.

1415

P. O. Address.....

A. C. M.

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.