

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4554

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 152

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1007 N. Fremont

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Greene
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield
d. STREET ADDRESS (If rural, give location) 1007 N. Fremont

3. NAME OF DECEASED
a. (First) HOMER b. (Middle) OSCA R c. (Last) THORNTON
4. DATE OF DEATH (Month) (Day) (Year) 2-19-50

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 8. DATE OF BIRTH Aug. 29, 1899 9. AGE (In years last birthday) 51 # UNDER 1 YEAR Months 0 # UNDER 6 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10b. KIND OF BUSINESS OR INDUSTRY Laborer 11. BIRTHPLACE (State or foreign country) Guthrie Oklahoma 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Kenynon Thornton 13b. MOTHER'S MAIDEN NAME Edith Noel 14. NAME OF HUSBAND OR WIFE Single

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. Unknown 17. INFORMANT'S SIGNATURE OR NAME Claude Thornton ADDRESS Rt. 2 Springfield

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) Carcinoma lungs
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.

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.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 12-6, 1949 to 2-19-50, 1950, that I last saw the deceased alive on 2-14-, 1950, and that death occurred at 8:30a m., from the causes and on the date stated above.

23a. SIGNATURE C. E. Feller (Degree or title) _____ 23b. ADDRESS 609 Cherry, Springfield, Mo 23c. DATE SIGNED 2-21-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 2-21-50 24c. NAME OF CEMETERY OR CREMATORY Danforth Cemetery 24d. LOCATION (City, town, or county) (State) East Of Springfield

DATE REC'D BY LOCAL REG. 2-23-50 REGISTRAR'S SIGNATURE W. E. Claudy wdo FUNERAL DIRECTOR'S SIGNATURE J. W. Klingner ADDRESS Springfield, Mo.

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.....
Student Embalmer

Signed

Max Rhodes

Licensed Embalmer No. *4071*

P. O. Address *Springfield*

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.