No. 300
10-48

FILED APR 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12282

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Carrollton
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) 610 So. Folger

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Carroll
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Carrollton 0171
d. STREET ADDRESS (If rural, give location) 610 So. Folger

3. NAME OF DECEASED (Type or Print) a. (First) OREAN b. (Middle) — c. (Last) THORNTON

4. DATE OF DEATH (Month) (Day) (Year) Apr. 19, 1952

5. SEX Male
6. COLOR OR RACE Col.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 5, 1901
9. AGE (In years last birthday) 50 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

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

13a. FATHER'S NAME Albert Thornton
13b. MOTHER'S ~~MAIDEN~~ NAME Anna Thornton
14. NAME OF HUSBAND OR WIFE Louise Hudson Thornton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 487-12-8012
17. INFORMANT'S SIGNATURE OR NAME Louise Thornton ADDRESS Carrollton 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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH few

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Not known — min

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 4201
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) m.
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 April 19, 1952 to April 19, 1952 that I last saw the deceased alive on April 19, 1952 and that death occurred at 6:30 A m., from the causes and on the date stated above.

23a. SIGNATURE R. Hamilton Staton (Degree or title) M.D.
23b. ADDRESS Carrollton, Mo
23c. DATE SIGNED April 21/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-22-52
24c. NAME OF CEMETERY OR CREMATORY Afr. Oak Hill
24d. LOCATION (City, town, or county) Carrollton (State) Mo

DATE REC'D BY LOCAL REG. 4/22/52
REGISTRAR'S SIGNATURE Mo Herbert Calvert 45
25. FUNERAL DIRECTOR'S SIGNATURE Standley & Gibson ADDRESS Carrollton Mo

(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.

Student _____
Student Embalmer

Signed Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton Ga

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.