

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

26958

LED JUL 31 1953

State File No. _____

318

1003

Registrar's No. **6922**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Bettis					
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) Sedalia		0804			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hosp.				d. STREET ADDRESS (If rural, give location) 217 West Cooper St. 1					
3. NAME OF DECEASED (Type or Print) a. (First) Robert		b. (Middle) Bunyon		c. (Last) Thornton		4. DATE OF DEATH (Month) (Day) (Year) 7-13-53			
5. SEX M		6. COLOR OR RACE N.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 6/16/1892			
9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 WK. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY Mo. Pac. Railroad		11. BIRTHPLACE (City and State or Foreign Country) Forest City, Ark.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Thomas Thornton			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Mrs. Lucille Thornton			
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lucille Thornton Sedalia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes mellitus				INTERVAL BETWEEN ONSET AND DEATH 1950	
				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. Gangrene left foot.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Amputation left leg due to gangrene				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) 260X					
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 6/21/53 , 19____, to 7/13/53 , 19____, that I last saw the deceased alive on 7/13 , 1953, and that death occurred at 3:45 P.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Paul M. Passanante, M.D.				23b. ADDRESS 1755 So. Grand St. Louis, Mo.		23c. DATE SIGNED 7-14-53			
24a. BURIAL, CREMATION REMOVAL (Specify) removal		24b. DATE 7-14-53		24c. NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery		24d. LOCATION (City, town, or county) (State) Little Rock, Ark.			
DATE REC'D BY LOCAL REG. JUL 14 1953		REGISTRAR'S SIGNATURE Paul M. Passanante		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Embruster Mortuary 6633 Clayton Road					

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 8 1953

SEP 18 1953

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

Ernest W. Spillars

Licensed Embalmer No. *4080*

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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