

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033848
State File No.

FILED SEP 22 1958

BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6016 Registrar's No. 350

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

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Yates Mo.</u>		c. LENGTH OF STAY (In this place) c. CITY OR TOWN <u>Yates Mo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Yates Mo</u>		e. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Lee</u> c. (Last) <u>Thornton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept II 1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 17 1914</u>
9. AGE (In years last birthday) <u>44</u>		10. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife. Cook in Armstrong School</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Armstrong Mo</u>
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
13a. FATHER'S NAME <u>Elmer Yancy</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Swetman</u>	14. NAME OF HUSBAND OR WIFE <u>Alanzo Thornton</u>
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>Alanzo Thornton, Yates Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Hemorrhage Entire Body</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. USUAL SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>ates, Missouri</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Yates Randolph Missouri</u>	
21d. TIME OF INJURY <u>Sept. 11, 1958-8A m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car in which she was riding ran in front of</u>	
22. I hereby certify that I attended the deceased from _____ a <u>B.M.&.O. Freight Train</u> , to _____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:00A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Gen. J. Jolly W. Cannon</u>		23b. ADDRESS <u>203 1/2 N. Clark, Moberly, Mo.</u>	23c. DATE SIGNED <u>9-15-58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 12 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chappel.</u>	24d. LOCATION (City, town, or county) (State) <u>East of Armstrong Mo</u>
DATE REC'D BY LOCAL REG. <u>Sept 16-58</u>	REGISTRAR'S SIGNATURE <u>Mary H. Baugh</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Burton Funeral Home. Higbee Mo</u>	

NOV 17 1958

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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.....
Signature of Student Embalmer

Signed *W. W. Wrenn*

Licensed Embalmer No. *397*

P. O. Address *Glasgow*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.