

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001807
STATE FILE NUMBER

FILED JAN 27 1959

Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 9

300
1-57

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN De Soto		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN De Soto, Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 201 E. 2nd St.		Length of stay in 1b 6 years	d. STREET ADDRESS (If outside, give location) 201 E. 2nd St.
3. NAME OF DECEASED (Type or print) First Middle Last William Thomas Thornhill			4. DATE OF DEATH Month Day Year Jan. 21 1959
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 17, 1870
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Franklin County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Thornhill	
13b. MOTHER'S MAIDEN NAME Mahallie Lewis		14. NAME OF HUSBAND OR WIFE Emor Woodson Thornhill	
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. None	17. INFORMANT Address Mrs. Malita King De Soto, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) General infirmities of old age.			INTERVAL BETWEEN ONSET AND DEATH 1 year.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis			5 years.
DUE TO (c) 4500			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arterial insufficiency of the lower extremity due to arterial thrombosis.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour, Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>1955</u> to <u>Jan 21, 1959</u> and last saw him alive on <u>Jan 19 1955</u> Death occurred at <u>12:05 A.M.</u> m of the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Thomas A. Dornell M.D.		22b. ADDRESS De Soto, Mo.	22c. DATE SIGNED 1-22-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Jan. 23, 1959	23c. NAME OF CEMETERY OR CREMATORY Jones	23d. LOCATION (City, town, or county) (State) Richwood, Mo.
24. FUNERAL DIRECTOR ADDRESS G. Lee Mathushead, De Soto, Mo.		25. DATE RECD. BY LOCAL REG. 1-23-1959	26. REGISTRAR'S SIGNATURE Marie Harris

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DATE RECEIVED

JAN 26 1959

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 *J. E. Mothershead*

Licensed Embalmer No. *3531*

P. O. Address *De Soto mo*

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.