

FILED OCT 29 1954

STANDARD CERTIFICATE OF DEATH

State File No. **34670**

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

BIRTH NO. _____ REG. DIST. NO. 222 PRIMARY REG. DIST. NO. 4333 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY Moniteau Co		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) Clarksburg, Mo		c. CITY OR TOWN Clarksburg, Mo	
c. LENGTH OF STAY (in this place) 2 Years		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Home, Clarksburg, Mo		e. STREET ADDRESS (If rural, give location) Clarksburg, Mo <u>0680</u>	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Ellsworth c. (Last) Thornton		4. DATE OF DEATH (Month) (Day) (Year) Oct 18 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr 3 1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Work		10b. KIND OF BUSINESS OR INDUSTRY With R.E.A.	9. AGE (In years) (Months) (Days) (If under 1 year) (If under 1 hrs.) 56 6 15
11. BIRTHPLACE (City and State or Foreign Country) Missour		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph R. Thornton		13b. MOTHER'S MAIDEN NAME Minnie G. Marble	
14. NAME OF HUSBAND OR WIFE Dora Margret 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. 92.18.3325		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Virginia Thornton Clarksburg, Missouri	
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) Cerebral Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Previous stroke 3 mo. ago 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 <input type="checkbox"/> NO <input checked="" 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) Clarksburg Moniteau Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 July 25, 1954 , to Oct. 18, 1954 , that I last saw the deceased alive on Oct. 14, 1954 , and that death occurred at 6:45 AM , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) D. J. Dawson D.O.		23b. ADDRESS California	
23c. DATE SIGNED 10/18/54		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 10/19/54		24c. NAME OF CEMETERY OR CREMATORY Clarksburg Cemetery	
24d. LOCATION (City, town, or county) (State) Clarksburg, Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earle Boulton California	
DATE REC'D BY LOCAL REG 10/21/54		REGISTRAR'S SIGNATURE H. L. Popey 506	

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 *Jack H. Bowlin*.....
Licensed Embalmer No. *493*

P. O. Address *California*

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.