

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

66 0044827

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 11 Primary Registration District No. 3016 Registrar's No. 472

STATE FILE NUMBER

FILED DEC 7 1966

VS 300
Rev. 4/59

1 0269
2 0680
3
4 0
5 1
6
7 0
8 2
9 151X
10
11
12 1-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>COLE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>MONTELEONE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JEFFERSON CITY</u>		Length of stay in 1b <u>5 days</u>	c. CITY OR TOWN <u>LUPUS</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>STILL Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>BENJAMIN FRANKLIN THORNTON</u>			4. DATE OF DEATH Month Day Year <u>NOVEMBER 30 1966</u>
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-11-08</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOTEL CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOTEL</u>	9. AGE (last birthday) <u>58</u> IF UNDER 1 YEAR: Months Days IF UNDER 24 HR: Hours Min.
11a. FATHER'S NAME <u>ALLEN THORNTON</u>		11b. MOTHER'S MAIDEN NAME <u>HATTIE SMITH</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>ALLEN THORNTON</u>		14. NAME OF HUSBAND OR WIFE <u>GENEVIVE THORNTON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO NONE</u>		16. SOCIAL SECURITY NO. <u>495-12-7146</u>	
17. INFORMANT <u>GENEVIVE THORNTON</u>		Address <u>Lupus, MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Malignant & Relibitation</u> DUE TO (b) <u>Carcinomatous</u> DUE TO (c) <u>Carcinoma, Stomach</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <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>11-25-66</u> to <u>11-30-66</u> and last saw him alive on <u>11-30-66</u> Death occurred at <u>5:30 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>D. J. Wright</u> (Degree or title)		22b. ADDRESS <u>Amestown, Mo</u>	22c. DATE SIGNED <u>11-30-66</u>
23a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>12-1-66</u>	23c. NAME OF CEMETERY OR CREMATORY <u>HICKAM CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>Lupus Missouri</u>
24. FUNERAL DIRECTOR <u>WILLIAMS FUNERAL HOME</u>		25. DATE RECD. BY LOCAL REG. <u>12-5-66</u>	REGISTRAR'S SIGNATURE <u>Norma Miller</u>

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 Hugh E Williams

Licensed Embalmer No. 3537

P. O. Address California 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.