

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038661

STATE FILE NUMBER

FILED NOV 12 1958

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 188

|                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |                                                                                                                                                             |                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Wenon, County</b>                                                                                                                                                                                                                                                                                                                                                                         |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b><br>b. COUNTY <b>Johnson</b>               |                                                                                  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Washington.</b>                                                                                                                                                                                                                                                                                                                                             |                                  | c. CITY OR TOWN <b>Knobnoster</b>                                                                                                                           |                                                                                  |
| c. FULL NAME OF (If NOT in hospital, give location)<br><b>State Hospital #3</b>                                                                                                                                                                                                                                                                                                                                             |                                  | d. STREET ADDRESS <b>Unknown</b>                                                                                                                            |                                                                                  |
| Length of stay in lb<br><b>16 yrs.</b>                                                                                                                                                                                                                                                                                                                                                                                      |                                  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                  |
| 3. NAME OF DECEASED<br>(Type or print)<br><b>William Edward Thornton</b>                                                                                                                                                                                                                                                                                                                                                    |                                  | 4. DATE OF DEATH<br>Month <b>11</b> - Day <b>2</b> - Year <b>19 58</b>                                                                                      |                                                                                  |
| 5. SEX<br><b>Male</b>                                                                                                                                                                                                                                                                                                                                                                                                       | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>9-27- 1894</b>                                            |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b>                                                                                                                                                                                                                                                                                                                |                                  | 11. BIRTHPLACE (City and state or country)<br><b>Kansas</b>                                                                                                 |                                                                                  |
| 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Farming</b>                                                                                                                                                                                                                                                                                                                                                                         |                                  | 12. US STATE OF WHAT COUNTRY?<br><b>U. S. A.</b>                                                                                                            |                                                                                  |
| 13a. FATHER'S NAME<br><b>Edward Thornton</b>                                                                                                                                                                                                                                                                                                                                                                                |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Josie Goodnight</b>                                                                                                         |                                                                                  |
| 14. NAME OF HUSBAND OR WIFE<br><b>Hattie Scott Thornton</b>                                                                                                                                                                                                                                                                                                                                                                 |                                  | 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Unknown</b>                              |                                                                                  |
| 16. SOCIAL SECURITY NO.<br><b>Unknown</b>                                                                                                                                                                                                                                                                                                                                                                                   |                                  | 17. INFORMANT<br><b>Adm Papers</b>                                                                                                                          |                                                                                  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Vessel Disease</b><br>DUE TO (b) <b>Atheromatous Sclerosis</b><br>DUE TO (c) <b>Pulmonary Tuberculosis</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Meningo Encephalitis</b> |                                  |                                                                                                                                                             | INTERVAL BETWEEN ONSET AND DEATH<br><b>Years</b><br><b>Years</b><br><b>Years</b> |
| 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<br>Hour <input type="checkbox"/> Month, Day, Year<br>a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>                                                                                                                                                                                                                                                                                        |                                  | 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<br>COUNTY<br>STATE                                                                                                             |                                                                                  |
| 21. I attended the deceased from <b>6-2- 1942</b> to <b>11-2- 1958</b> and last saw him alive on <b>11-1-1958</b><br>Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.                                                                                                                                                                                           |                                  | 22a. SIGNATURE<br><b>W. C. Bradley, Jr.</b>                                                                                                                 |                                                                                  |
| 22b. ADDRESS<br><b>State Hospital #3, Wash, Mo</b>                                                                                                                                                                                                                                                                                                                                                                          |                                  | 22c. DATE SIGNED<br><b>11-2-1958</b>                                                                                                                        |                                                                                  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>                                                                                                                                                                                                                                                                                                                                                                 | 23b. DATE<br><b>11-2-1958</b>    | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Masonic Cemetery, California, Mo.</b>                                                                              | 23d. LOCATION (City, town, or county) (State)<br><b>1958</b>                     |
| 24. FUNERAL DIRECTOR<br><b>Noy's Funeral Service, Inc.</b>                                                                                                                                                                                                                                                                                                                                                                  |                                  | 25. DATE RECD. BY LOCAL REC.<br><b>11-3-1958</b>                                                                                                            |                                                                                  |
| ADDRESS<br><b>Nevada, Mo.</b>                                                                                                                                                                                                                                                                                                                                                                                               |                                  | 26. REGISTRAR'S SIGNATURE<br><b>Anna E. Ferry</b>                                                                                                           |                                                                                  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *Richard L. Lippin* .....

- Licensed Embalmer No. *5052* .....

: P. O. Address *St. Louis, 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.