DEPARTMENT OF PUBLIC HEALTH AND WELFARE – MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

CERTIFICATE OF DEATH

STATE FILE NUMBER **124 72 009954**

FILED APR 19 1972 Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 183

DO NOT WRITE ON THIS STUB

VS 300 Rev. 1/70

9. 99
10a. 99
10b. 187
11. 1410
12.
13. 10/0022
14. 2
15. 1990
16. 4
17.
18.
19. CREDITS
20.

4.
5. 1410

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 10184

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in PERMANENT BLACK INK. See handbook for instructions.

1. DECEASED—NAME FIRST	MIDDLE	LAST	2. SEX	3. DATE OF DEATH (MONTH, DAY, YEAR)	
James	J.	Thornton	Male	April 12, 1972	
4. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	5a. AGE—LAST BIRTHDAY (YEARS)	5b. UNDER 1 YEAR MOS. / DAYS	5c. UNDER 1 DAY HOURS / MIN.	6. DATE OF BIRTH (MONTH, DAY, YEAR)	7a. COUNTY OF DEATH
White	75			Sept. 2, 1896	St. Francois
7b. CITY, TOWN, OR LOCATION OF DEATH	7c. INSIDE CITY LIMITS (SPECIFY YES OR NO)	7d. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
Farmington	Yes	Mineral Area Osteopathic Hospital			
8. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	9. CITIZEN OF WHAT COUNTRY	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
Missouri	USA	Married	Daisy Elizabeth Slade Thornton		
12. SOCIAL SECURITY NUMBER	13a. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	13b. KIND OF BUSINESS OR INDUSTRY			
492-16-4440	Retired				
14a. RESIDENCE—STATE	14b. COUNTY	14c. CITY, TOWN, OR LOCATION	14d. INSIDE CITY LIMITS (SPECIFY YES OR NO)	14e. STREET AND NUMBER	
Missouri	St. Francois	Farmington			
15. FATHER—NAME FIRST	MIDDLE	LAST	16. MOTHER—MAIDEN NAME FIRST	MIDDLE	LAST
Joseph	O.	Thornton	Katherine	A.	Tatum
17a. INFORMANT—NAME	17b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
Daisy E. Thornton	Farmington, Missouri. 63640				

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE
(a) Pneumonia — 2 days
DUE TO, OR AS A CONSEQUENCE OF:
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST
(b) Respiratory Failure — 2 days
DUE TO, OR AS A CONSEQUENCE OF:
(c) Metastatic C. A. — Approx. 1 year

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19a. AUTOPSY (YES OR NO): NO
19b. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

20a. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	20b. DATE OF INJURY (MONTH, DAY, YEAR)	20c. HOUR	20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
		M.	
20e. INJURY AT WORK (SPECIFY YES OR NO)	20f. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	20g. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	20h. IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS ☐ YES ☐ NO ☐ UNK

21a. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR)	21b. TO (MONTH, DAY, YEAR)	21c. AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)	21d. I DID/DID NOT VIEW THE BODY AFTER DEATH	21e. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. (HOUR)
May 1970	April 12, 1972	April 12, 1972	Did not	7:40 P M.

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. HOUR OF DEATH

THE DECEDENT WAS PRONOUNCED DEAD MONTH / DAY / YEAR / HOUR

22a. M.

23a. CERTIFIER—NAME (TYPE OR PRINT)	23b. SIGNATURE	DEGREE OR TITLE	23c. DATE SIGNED (MONTH, DAY, YEAR)
S. N. Glick, D.O.	S. Glick	D.O.	4/14/72

23d. MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE): Mineral Area Osteopathic Hospital, Farmington, Mo. 63640

24a. BURIAL, CREMATION, REMOVAL (SPECIFY)	24b. CEMETERY OR CREMATORY—NAME	24c. LOCATION CITY OR TOWN	STATE
Burial	Parkview Cemetery	Farmington	Missouri

24d. DATE (MONTH, DAY, YEAR): April 15, 1972

24e. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP): Miller Funeral Home, Inc. 115 W. Columbia, Farmington, Mo. 63640

25b. FUNERAL DIRECTOR—SIGNATURE: Earl J. Miller

26a. REGISTRAR—SIGNATURE: M. L. Day

26b. DATE RECEIVED BY LOCAL REGISTRAR: April 15, 1972

APR 21 1972

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 Paul Klengel

Licensed Embalmer No. 4120

P. O. Address Farmington 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.