

FILED FEB 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5809

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 6060 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Sugar Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Sugar Creek</u> 0880	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Thornburg</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 10 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 6 1870</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Days <u>5</u> IF UNDER 4 HRS. Hours <u>4</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <u>James Thornburg</u>	13b. MOTHER'S MAIDEN NAME <u>Sallie Kimbrough</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Belle Thornburg</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. George Thornburg RFD Moberly</u>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Pulmonary Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
	ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>002X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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 1946, 1946, to Feb, 1950, that I last saw the deceased alive on Feb 9, 1950, and that death occurred at 12:30 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Willie Lanning, M.D.</u>	23b. ADDRESS <u>Moberly, Mo</u>	23c. DATE SIGNED <u>11 Feb 49.</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 11 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>
24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>	DATE REC'D BY LOCAL REG. <u>Feb 11 - 50</u> REGISTRAR'S SIGNATURE <u>Leah Wellman</u> 269 FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mahan and Son Moberly Mo</u>	

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

RECEIVED

FEB 20 1957

District Health Officer No. _____

District File Number 250-2

Date Filed FEB 20 1957

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
Student Embalmer

Signed Frank B. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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 this body is not embalmed, fact should be so stated above.