

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21985

BIRTH NO. _____		REG. DIST. NO. 153004		PRIMARY REG. DIST. NO. 3004		Registrar's No. 53	
1. PLACE OF DEATH a. COUNTY <b>BARTON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>BARTON</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>LAMAR</b>		c. LENGTH OF STAY (In this place) <b>22 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>BOSTON</b>		0060	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MEMORIAL HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>OSWELL</b>		b. (Middle) <b>OTTO</b>		c. (Last) <b>THORNBURG</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 3 1951</b>	
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>JAN 31 1876</b>	
9. AGE (In years last birthday) <b>76</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>		11. BIRTHPLACE (State or foreign country) <b>WELLS COUNTY, INDIANA</b>	
12. CITIZEN OF WHAT COUNTRY? <b>US</b>		13a. FATHER'S NAME <b>ISAAC THORNBURG</b>		13b. MOTHER'S MAIDEN NAME <b>SUSAN</b>		14. NAME OF HUSBAND OR WIFE <b>FANNIE CORNETT</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO XXX</b>		16. SOCIAL SECURITY NO. <b>XXX</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. JUANITA STALLARD, LAMAR, MO. R#2</b>			
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) <b>Cancer of Lung, Left</b>  ANTECEDENT CAUSES Morbid 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.				INTERVAL BETWEEN ONSET AND DEATH <b>8 mos?</b>	
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) <b>163X</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <b>May 29, 1951</b> , to <b>July 3, 1951</b> , that I last saw the deceased alive on <b>July 3, 1951</b> , and that death occurred at <b>2:20 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>H.M. Arnold M.D.</b>				23b. ADDRESS <b>Lamar, Mo</b>		23c. DATE SIGNED <b>7-5-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JUL 6 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>BYLER CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>CREIGHTON, MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>JUL 6 - 1951</b>		REGISTRAR'S SIGNATURE <b>Marie Konantz</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>14</b>		ADDRESS <b>KONANTZ FUNERAL HOME, LAMAR, MISSOURI</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

0061

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED JUL 9 '37

Dist. File

227-1226

Date Filed

5-13-37

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

working under my personal supervision.

Student Embalmer No.....

*Frank W. Denton*

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

4581

P. O. Address.....

Lamar, Missouri

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.