S. No. 300
v. 10.48

0640
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FILED SEP 8 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 27663

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 4320 Registrar's No. 40

**1. PLACE OF DEATH**
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Palmyra, Missouri
c. LENGTH OF STAY (In this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Palmyra 0640
d. STREET ADDRESS (If rural, give location): 8

**3. NAME OF DECEASED** (Type or Print)
a. (First): Frank
b. (Middle): Everette
c. (Last): Thornburg

**4. DATE OF DEATH** (Month) (Day) (Year): August 21 1951

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: 17 Aug. 1868
**9. AGE** (In years last birthday): 83 | If under 1 year: Months, Days | If under 1 day: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Feed Mill Bus.
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): Iowa
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Wm. Thornburg
**13b. MOTHER'S MAIDEN NAME**: Lucy Perry
**14. NAME OF HUSBAND OR WIFE**: Altie Thornburg

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no
(If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**: none
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs. Ben Powell, Palmyra. Mo.
ADDRESS:

**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) Carcinoma Rectum — INTERVAL BETWEEN ONSET AND DEATH: 18 months

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) _____

DUE TO (c) _____ — 154X

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.* Operation at Ellis Fischel Columbia Mo.

**19a. DATE OF OPERATION**: Dec 28-1950
**19b. MAJOR FINDINGS OF OPERATION**: Adenocarcinoma Rectum and gross mets. metastases venus
**20. AUTOPSY?** YES ☐ NO ☑

**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) m.:
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**:

**22.** *I hereby certify that I attended the deceased from* Oct 16, 1950, *to* Aug 21, 1951, *that I last saw the deceased alive on* Aug 20, 1951, *and that death occurred at* 12:35 *m., from the causes and on the date stated above.*

**23a. SIGNATURE**: L. H. Rosner (Degree or title) M.D.
**23b. ADDRESS**: Palmyra Mo
**23c. DATE SIGNED**: 8/22/51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 23 Aug. 1951
**24c. NAME OF CEMETERY OR CREMATORY**: Forest Grove
**24d. LOCATION** (City, town, or county) (State): Canton, Missouri

DATE REC'D BY LOCAL REG.: 8/22/51
REGISTRAR'S SIGNATURE: E. M. Tucker By Viola Geers Dep.
**25. FUNERAL DIRECTOR'S SIGNATURE**: Lewis Brothers
ADDRESS: Palmyra, Mo.

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

RECEIVED SEP 10 1951
MARION CO. HEALTH DEPT.
DATE FILED SEP 10 1951

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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 _____
Student Embalmer

Signed George M. Lewis
Licensed Embalmer No. 4851
P. O. Address Palmyra, 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.