No. 300
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FILED AUG 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25604

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5708 Registrar's No. 59

0600
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY McDonald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Buffalo
c. LENGTH OF STAY (in this place) 4 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 7½ mi SE of Seneca

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY McDonald
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Buffalo
d. STREET ADDRESS (If rural, give location) 7½ mi SE of Seneca 0600

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Robert c. (Last) Thornburg

4. DATE OF DEATH (Month) July (Day) 26 (Year) 1953

5. SEX Male
6. COLOR OR RACE wht
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) mar.
8. DATE OF BIRTH Nov. 13, 1896
9. AGE (In years last birthday) 56 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine shop worker
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Austin Thornburg
13b. MOTHER'S MAIDEN NAME Mary Frazer
14. NAME OF HUSBAND OR WIFE Laura Thornburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. 400-09-6545
17. INFORMANT'S SIGNATURE OR NAME Mrs. Laura Thornburg r. rte ADDRESS Seneca Mo

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) Chronic nephritis

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 592X
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* July 26, 1953 *to* July 26, 1953, *that I last saw the deceased alive on* July 26, 1953 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) T. B. Snemler M.D.
23b. ADDRESS Seneca Mo.
23c. DATE SIGNED 2-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-30-53
24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cem.
24d. LOCATION (City, town, or county) (State) Pittsburg, Kas.

DATE REC'D BY LOCAL REG. 7-28-53
REGISTRAR'S SIGNATURE Mayme Humphrey 423
25. FUNERAL DIRECTOR'S SIGNATURE W E Biddlecome
ADDRESS Seneca Mo

(Licensed Embalmer's Statement on Reverse Side)

AUG 25 1953

SEP 25 1953

APR 15 1954

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 W E Biddlecome

Licensed Embalmer No. 2174

P. O. Address Seneca 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.