S. No. 300
V. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 27 1956

State File No. 25946

BIRTH NO. 49 S 50 - 56 REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 59

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lamar
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY:
c. CITY OR TOWN: Great Bend
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): RFD #1 815 8

3. NAME OF DECEASED (Type or Print)
a. (First): Infant Son
b. (Middle): JIMMIE
c. (Last): THORNBURG

4. DATE OF DEATH (Month) (Day) (Year): Aug 18 1956

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Aug 18 1956
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 5 Days: IF UNDER 24 HRS. Hours: 5 Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Lamar, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Robert H. Thornburg
13b. MOTHER'S MAIDEN NAME: Marguerite Buzzard
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXX
16. SOCIAL SECURITY NO.: XXX
17. INFORMANT'S SIGNATURE OR NAME: Robert H. Thornburg, ADDRESS: Great Bend, Kansas

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) premature birth 2 months — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

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

DUE TO (b) premature birth — 3 hours

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 776x
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) Lamar (COUNTY) Barton (STATE) Mo.
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* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* Aug 14, 1956, *and that death occurred at* 6:16a m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title) M.D.
23b. ADDRESS: Lamar Mo
23c. DATE SIGNED: 8-20-56

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Aug 19 1956
24c. NAME OF CEMETERY OR CREMATORY: East Cemetery
24d. LOCATION (City, town, or county) (State): Lamar, Mo.

DATE REC'D BY LOCAL REG. AUG 21 '56
REGISTRAR'S SIGNATURE: Marie Konantz
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Konantz Funeral Home, Lamar, Mo.

(Licensed Embalmer's Statement on Reverse Side)

14-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalm~~ trea

~~by me, or~~ by fluid packs, Student Embalmer No.....

working under my personal supervision..

Student..... Signature of Student Embalmer

Signed [redacted]

Licensed Embalmer No. 2247

P. O. Address Lamar, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.