

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038774

STATE FILE NUMBER

Registration District No. 602 Primary Registration District No. 5D19 Registrar's No. 63

DO NOT WRITE ON THIS STUD

AMENDED

1. PLACE OF DEATH
a. COUNTY Andrew

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rochester Township

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shady Lawn

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Andrew

c. CITY OR TOWN Savannah Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Lizzie Addie Thorburn

4. DATE OF DEATH Month Day Year
November 9, 1963

5. SEX female

6. COLOR OR RACE white

7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 6-14-79

9. AGE (last birthday) 84

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (City and state or country) Fillmore, Mo.

12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME Thomas Owlsey

13b. MOTHER'S MAIDEN NAME Catherine Beazzil

14. NAME OF HUSBAND OR WIFE George Thorburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT Address Mrs. Edith Buis, Savannah, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary occlusion
DUE TO (b) Coronary embolism
DUE TO (c) _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH
seconds
11

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Myocardial degeneration

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from June 30, 1957 to Nov. 9, 1963 and last saw her alive on Nov. 7, 1963
Death occurred at 3:05 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. B. Maxwell, D.O.

22b. ADDRESS 424 Court, Savannah, Mo. 22c. DATE SIGNED 11/11/63

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 11-12-63

23c. NAME OF CEMETERY OR CREMATORY Fillmore Cemetery

23d. LOCATION (City, town, or county) (State) Fillmore, Mo.

24. FUNERAL DIRECTOR ADDRESS BREIT & HAWKINS SAVANNAH

25. DATE RECD. BY LOCAL REG. 11-13-1963

26. REGISTRAR'S SIGNATURE Deborah P. Williams

VS 300
Rev. 4/59
10090
20020
3
4 1
5 2
6
7 0
8 2
9 4201
10
11
12 86-2
13 20

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

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 _____
Signature of Student Embalmer

Signed James P. Hawkins

Licensed Embalmer No. 4532

P. O. Address Sarasota

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.