

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23544

State File No.

FILED JUL 29 1952

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5013 Registrar's No. 622

1. PLACE OF DEATH a. COUNTY <u>ANDREW</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY OR TOWN <u>RFD Jackson</u>		c. CITY OR TOWN <u>RFD Fillmore - Jackson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile South Fillmore</u>		d. STREET ADDRESS (If rural, give location) <u>1 mile South Fillmore</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>OLLIE</u> b. (Middle) <u>MAE</u> c. (Last) <u>THORBURN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 19 1952</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>MARCH 31, 1871</u>		9. AGE (In years) (Month) (Days) <u>81 3 18</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>Fillmore Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>William Thomas Owsley</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Basil</u>		14. NAME OF HUSBAND OR WIFE <u>Robert E. Thorburn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Lewis Spicer Fillmore Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>19 hrs</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebral Hemorrhage</u>		ANTECEDENT CAUSES <u>Arteriosclerosis</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION: <u>331X</u>		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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 July 18, 1952, to July 19, 1952, that I last saw the deceased alive on July 19, 1952, and that death occurred at 7 a. m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. S. Holliday M.D.</u>		23b. ADDRESS <u>Fillmore Mo</u>		23c. DATE SIGNED <u>7-19-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 21, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fillmore Cem.</u>	
				24d. LOCATION (City, town, or county) (State) <u>Fillmore Mo</u>	

DATE REC'D BY LOCAL REG. <u>7-21-52</u>		REGISTRAR'S SIGNATURE <u>Lillian Sparks</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. H. ... Savannah, Mo</u>	
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

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. H. Lee*

Licensed Embalmer No. 4670

P. O. Address Savannah, 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.