

FILED MAR 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3904  
Registrar's No. 212

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY <u>Buckanan</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>St. Joseph</u>		c. CITY OR TOWN <u>SAVANNAH</u>	
c. LENGTH OF STAY (in this place) <u>3 DAYS</u>		d. STREET ADDRESS (If rural, give location) <u>505 West Chestnut</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>nursing Home Silvey 214 TEXAS ST.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Ross</u> c. (Last) <u>Thorburn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-1-1951</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>5-26-1892</u>		9. AGE (In years last birthday) <u>78</u> <u>9</u> <u>3</u>		IF UNDER 1 YEAR Hours   Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			11. BIRTHPLACE (State or foreign country) <u>unknown KANSAS</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
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13a. FATHER'S NAME <u>Robert Thorburn</u>			13b. MOTHER'S MAIDEN NAME <u>MARY Stringer</u>			14. NAME OF HUSBAND OR WIFE <u>Lizzie Thorburn nee Savannah</u>					
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Edith Buis Savannah mo</u>							
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>										<u>331X</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u>											
		DUE TO (c) <u>Myocardial Degeneration</u>											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION										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) (Min.)		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 Feb. 16, 1951, to March 1, 1951, that I last saw the deceased alive on Feb. 24, 1951, and that death occurred at 4:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. B. Maxwell D.O.</u>			23b. ADDRESS <u>307 W. Main, Savannah, Missouri</u>			23c. DATE SIGNED <u>3/1/51</u>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-3-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fillmore</u>		24d. LOCATION (City, town, or county) (State) <u>Fillmore mo</u>			
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DATE REC'D BY LOCAL REG. <u>March 7, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Breit Funeral Home Savannah</u>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 E. C. Breit

Licensed Embalmer No. 2650

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.