

No. 300
10-48

FILED JUL 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23544

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

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

3. NAME OF DECEASED (Type or Print) a. (First) OLLIE b. (Middle) MAE c. (Last) THORBURN			4. DATE OF DEATH (Month) (Day) (Year) July 19 1952		
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH MARCH 31, 1871		9. AGE (In years last birthday) 81		10. 3 MONTHS 18 DAYS 1 HOUR 1 MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (State or foreign country) Fillmore Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME William Thomas Owsley		13b. MOTHER'S MAIDEN NAME Catherine Basil		14. NAME OF HUSBAND OR WIFE Robert E. 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'S SIGNATURE OR NAME ADDRESS Mrs Lewis Spicer Fillmore Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 19 hrs	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Hemorrhage		ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
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: 331X		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) m.		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 (Deponent title) M. S. Holliday M.D.		23b. ADDRESS Fillmore Mo		23c. DATE SIGNED 7-19-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE July 21, 1952		24c. NAME OF CEMETERY OR CREMATORY Fillmore Cem.	
				24d. LOCATION (City, town, or county) (State) Fillmore Mo	

DATE REC'D BY LOCAL REG. 7-21-52		REGISTRAR'S SIGNATURE Lillian Sparks		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. H. ... Savannah, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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. Dean Cook*

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.