

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32063**

FILED OCT 7 1952

BIRTH NO. _____ REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **3127** Registrar's No. **149**

492
1

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give town) Webb City Mo		c. CITY (If outside corporate limits, write RURAL and give township) Webb City Mo.	
c. LENGTH OF STAY (In this place) 9 yrs.		d. STREET ADDRESS (If rural, give location) 801 W. Broadway St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 801 W. Broadway St.			

3. NAME OF DECEASED (Type or Print)	a. (First) Joseph	b. (Middle) Oliver	c. (Last) Tholborn	4. DATE OF DEATH (Month) (Day) (Year) Sept. 28 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 28 1874	9. AGE (In years less birthday) 78	IF UNDER 1 YEAR Months 3 Days 0	IF UNDER 24 HRS. Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Frisco Rail Road	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Joplin, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Walter Tholborn	13b. MOTHER'S MAIDEN NAME Catherine Harris	14. NAME OF HUSBAND OR WIFE Anna Lee Tholborn
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Anna Lee Tholborn ADDRESS Webb City, Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 6 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **July 20, 1945** to **Sept 28, 1952**, that I last saw the deceased alive on **Sept 28, 1952**, and that death occurred at **8:40 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James J. Flaherty, M.D.	23b. ADDRESS 319 W. Main	23c. DATE SIGNED 9-30-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 30, 1952	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) Webb City, Mo.
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DATE REC'D BY LOCAL REG. 9/30/52	REGISTRAR'S SIGNATURE John Lewis	25. FUNERAL DIRECTOR'S SIGNATURE Johnston Arnce Simpson ADDRESS Mortuary
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RECEIVED

10-6-52

Jasper County Health Office

County File Number 52/10/767

Date Filed 10-6-52

DEC 5 1952 NOV 5 1952

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 myself

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City 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.