No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39131

State File No. .....

FILED DEC 3 1952

BIRTH NO. ..... REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 521

9 5/0

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

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webb City Mo.
d. STREET ADDRESS (If rural, give location): 801 W. Broadway

3. NAME OF DECEASED (Type or Print)
a. (First): Cora
b. (Middle): Tholborn
c. (Last): Moore

4. DATE OF DEATH (Month) (Day) (Year): Nov. 25 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 7, 1872
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 4, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Neosheo, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Walter Tholborn
13b. MOTHER'S MAIDEN NAME: UNKNOWN Catherine H[redacted]
14. NAME OF HUSBAND OR WIFE: Walter F. Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Ethel Mattes — ADDRESS: Joplin, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 40 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. Hypertension – arteriosclerosis — unknown

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec., 1950, *to* Nov. 25, 1952, *that I last saw the deceased alive on* Nov. 25, 1952, *and that death occurred at* 5:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R M Ferguson, MD.
23b. ADDRESS: Webb City
23c. DATE SIGNED: 11/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 28 1952
24c. NAME OF CEMETERY OR CREMATORY: Mount Hope Cemetery
24d. LOCATION (City, town, or county) (State): Webb City, Missouri

DATE REC'D BY LOCAL REG.: 11-28-52
REGISTRAR'S SIGNATURE: Ed S. James by Delores Lampkins Sr. 138
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Johnston Arnce Simpson Mortuary, Webb City, Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-1-52
Jasper County Health Office
County File Number 52/12/937
Date Filed 12-1-52

DEC 4 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 .....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Harvey E. Arnee

Licensed Embalmer No. 4463

P. O. Address Weal 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.