No. 300
10-48

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11484

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5222 Registrar's No. 64

0190

1. PLACE OF DEATH
a. COUNTY Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dolan Twp.
c. LENGTH OF STAY (In this place) 72 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Dolan Twp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Oklahoma b. COUNTY Wagner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coweta
d. STREET ADDRESS (If rural, give location)

8350
8

3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) May c. (Last) Thornbrugh

4. DATE OF DEATH (Month) (Day) (Year) April 15, 1954

5. SEX Female 1
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH Jan 6, 1868
9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Nevada, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Davis
13b. MOTHER'S MAIDEN NAME Julia Morgan-~~Davis~~
14. NAME OF HUSBAND OR WIFE Charles Thornbrugh

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. none
17. INFORMANT'S SIGNATURE OR NAME Mrs. Roy Klaber ADDRESS Westline 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) Carcinoma G.d. Tract — INTERVAL BETWEEN ONSET AND DEATH 2-3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Circulatory Collapse ½ hr.
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 159X
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* 3/15/, 1954, *to* 4/15/, 1954, *that I last saw the deceased alive on* 3/13/, 1954, *and that death occurred at* 7 30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE C.W. Marsh (Degree or title) D.O.N.
23b. ADDRESS Drexel, Mo.
23c. DATE SIGNED 4/16/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-17-54
24c. NAME OF CEMETERY OR CREMATORY Vernon Cemetery
24d. LOCATION (City, town, or county) (State) Coweta, Wagner, Okla.

DATE REC'D BY LOCAL REG. 4-~~16~~-54
REGISTRAR'S SIGNATURE Dora Barnard 457-0
25. FUNERAL DIRECTOR'S SIGNATURE [signature]
ADDRESS Louisburg Kans

-20-

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
APR 24 1954
CASS COUNTY
HEALTH DEPARTMENT

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 Robert Lee Mangold, Student Embalmer No. 504 working under my personal supervision.

Student Robert Lee Mangold
Student Embalmer

Signed Ward B. Kenyon

Licensed Embalmer No. 3222

P. O. Address Louisburg Kansas

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.