

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018769

STATE FILE NUMBER

FILED MAY 27 1958 Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WEBB CITY</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>JOPLIN 0495</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>JANE CHINN HOSP.</b>		Length of stay in lb <b>1 DAY</b>	d. STREET ADDRESS (If outside, give location) <b>1406 PEARL AVE.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>ANNA</b> Middle Last <b>THOLBORN</b>			4. DATE OF DEATH Month <b>MAY</b> Day <b>18</b> Year <b>1958</b>
5. SEX <b>F /</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MAY 24, 1887</b>
9. AGE (In years last birthday) <b>70</b>		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, or if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOME</b>	11. BIRTHPLACE (City and state or country) <b>FT. SCOTT, KS. 1</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>WILLIAM BORING</b>	13b. MOTHER'S MAIDEN NAME <b>ALICE BALLINGER</b>
14. NAME OF HUSBAND OR WIFE <b>ARTHUR ROY THOLBORN</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>ARTHUR R. THOLBORN, 1406 PEARL AVE.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MYOCARDIAL FAILURE</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>TOXEMIA</b> DUE TO (c) <b>INTESTINAL OBSTRUCTION (OPERATED) 5705H</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>MASSIVE ABDOMINAL ADHESIONS, PROBABLE CARCINOMA OF HEAD OF PANCREAS</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 HRS</b> <b>UNKNOWN</b> <b>APPROX 2 DA</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>5/17/58</b> to <b>5/18/58</b> and last saw her alive on <b>5/18/58</b> Death occurred at <b>9:30</b> P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Ann Wells</i> (Degree of title) <b>2</b>		22b. ADDRESS <b>WEBB CITY, MISSOURI</b>	
22c. DATE SIGNED <b>5/20/58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
23b. DATE <b>5-20-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>FOREST PARK CEMETERY, JOPLIN, MISSOURI</b>	
23d. LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>	
25. DATE RECD. BY LOCAL REG. <b>5-20-58</b>		26. REGISTRAR'S SIGNATURE <i>Madeline Switzer</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

County File Number  
Date Filed  
MAY 26 1957

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 .....  
Signature of Student Embalmer

Signed *F. M. Jones* .....

Licensed Embalmer No. *2319* .....

P. O. Address *Joplin 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 embalmed by a STUDENT; he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.