

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037046  
STATE FILE NUMBER

FILED OCT 31 1958

Registration District No. 182 Primary Registration District No. 4298 Registrar's No. 26

300  
1-57

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

|   |                                 |   |   |
|---|---------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Linn</u>  |                                 | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>                          |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Linneus</u>   |                                 | c. CITY OR TOWN <u>Linneus Mo.</u>  |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>None</u>  |                                 | d. STREET ADDRESS (If outside, give location)<br><u>0580</u>  |   |
| 3. NAME OF DECEASED<br>(Type or print) <u>Phoebe Emeline Thorne</u>   |                                 | 4. DATE OF DEATH<br>Month <u>Oct.</u> Day <u>25</u> Year <u>1908</u>  |   |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>White</u>   | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>April 2 - 1890</u>   |
| 9. AGE (In years last birthday) <u>68</u>   |                                 | IF UNDER 1 YEAR<br>Months <u>6</u> Days <u>23</u>   | IF UNDER 24 HRS.<br>Hours <u></u> Min. <u></u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>House keeper</u>  |                                 | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><u>Linneus Mo.</u>                                  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |                                 | 13a. FATHER'S NAME<br><u>Daniel W. Barclay</u>  |   |
| 13b. MOTHER'S MAIDEN NAME<br><u>Emeline Northcutt</u>   |                                 | 14. NAME OF HUSBAND OR WIFE<br><u>T.H. Thorne</u>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  |                                 | 16. SOCIAL SECURITY NO.<br><u>no</u>  | 17. INFORMANT<br><u>Harold Thorne Linneus Mo.</u>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary thrombosis</u>   |                                 |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>Immediate</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____  |                                 |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Hypertensive heart disease</u>  |                                 |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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.)<br><u>4301</u>   |   |
| 20c. TIME OF INJURY<br>Hour _____ Month _____ Day _____ Year _____<br>a.m. _____ p.m. _____   |                                 |   |   |
| 20d. INJURY OCCURRED WHILE AT WORK <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 <u>Aug 1945</u> to <u>Oct 25 1958</u> and last saw her/him alive on <u>Oct 21 1958</u><br>Death occurred at _____ a. _____ m. on the date stated above; and to the best of my knowledge, from the causes stated. |                                 |   |   |
| 22a. SIGNATURE<br><u>J.R. Mauch</u>   |                                 | 22b. ADDRESS<br><u>Linneus Mo.</u>  |   |
| 22c. DATE SIGNED  |                                 |   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>Oct 27 1958</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>G.O.C.F.</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>Linneus Mo.</u>                               |
| 24. FUNERAL DIRECTOR<br><u>Brothers Funeral Home</u>  |                                 | 25. DATE RECD. BY LOCAL REG.<br><u>Oct 28 - 1958</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Ms. Budie Kelley</u>  |

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 *J.R. Wright* .....

Licensed Embalmer No. *4655* .....

P. O. Address *Headville, N.C.* .....

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.