THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002514
STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 408 Vincil St. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Randolph
c. CITY OR TOWN Moberly — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 408 Vincil St. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: Frank Marion Thornhill
4. DATE OF DEATH Month Day Year: 1/11/59
5. SEX: male
6. COLOR OR RACE: white
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 4/15/1901
9. AGE (In years last birthday): 59 — 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): Wabash Railroad
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Harrisburg Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Joel Thornhill
14. MOTHER'S MAIDEN NAME: Hattie Bowen
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: Mrs. F.M. Thornhill — Address: Moberly Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 mins
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis — unknown
DUE TO (c) Arteriosclerosis, generalized — "
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 WORK ☐ NOT WHILE AT WORK ☐
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 8/21/57, to 1/11/59 and last saw her/him alive on 1/11/59
Death occurred at 0300 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Robert Hasson (Degree or title) MD
22b. ADDRESS: 121 S. Wms. Moberly, Mo.
22c. DATE SIGNED: 1/14/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/13/59
23c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Gardens
23d. LOCATION (City, town, or county) (State): Moberly Missouri

24. FUNERAL DIRECTOR: Marion E. Million — ADDRESS: Moberly Mo.
25. DATE RECD. BY LOCAL REG.: 1-13-59
26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 3 1959

JAN 27 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No..39

P. O. Address Moberly,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.