

Health, Welfare & Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006717

STATE FILE NUMBER

FILED FEB 17 1959

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 322

300
-57 4

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		c. CITY OR TOWN Moberly	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 518 Gals + 2 Brown Pennock Nursing Home		d. STREET ADDRESS (If outside, give location) RFD 1	

3. NAME OF DECEASED (Type or print) First Middle Last ANNIE BELLE THORNBURG			4. DATE OF DEATH Month Day Year FEB. 6 1959		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 21, 1876	9. AGE (In years from birthday) 82	IF FUNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Randolph County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Taylor	13b. MOTHER'S MAIDEN NAME Martha Terrell	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT G. E. Thornburg	Address Huntsville, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic carcinoma with intestinal obstruction	INTERVAL BETWEEN ONSET AND DEATH 6 months
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinoma of the rectum	2 years
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 154 X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2.
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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.)
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20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.	
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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 Moberly	COUNTY Randolph	STATE Missouri
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21. I attended the deceased from Feb 1957 to Feb. 6, 1959 and last saw her/him alive on January 21, 1959 Death occurred at 10:10 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Charles C. Coburn M.D.	(Degree or title)	22b. ADDRESS 317 Virginia Ave. Moberly, Missouri	22c. DATE SIGNED Feb. 7, 1959
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 8, 1959	23c. NAME OF CEMETERY OR CREMATORY Oakland	23d. LOCATION (City, town, or county) (State) Moberly Missouri
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24. FUNERAL DIRECTOR Mahan Funeral Service	ADDRESS Moberly	25. DATE RECD. BY LOCAL REG. 2-8-59	26. REGISTRAR'S SIGNATURE Leah Bloume
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 16 1959

MS
1959

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 *John A. Green*

Licensed Embalmer No. *3815*

P. O. Address *Woburn, Mass.*

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.