

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 66 PRIMARY REG. DIST. NO. 5256 Registrar's No. 85

1. PLACE OF DEATH a. COUNTY <i>Chariton</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>HOWARD</i>	
b. CITY OR TOWN <i>Swan Lake</i>		c. CITY OR TOWN <i>FAYETTE</i>	
c. LENGTH OF STAY (In this place) <i>3</i>		d. STREET ADDRESS (If rural, give location) <i>126 LEONARD St.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Cummins-Hamilton Twp.</i>			

3. NAME OF DECEASED (Type or Print) <i>HAROLD THURMAN</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Aug 7 1949</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <i>MARRIED</i>	8. DATE OF BIRTH <i>July 3, 1923</i>	9. AGE (In years last birthday) <i>26</i>	10. MONTHS <i>1</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Mechanic</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>HOWARD Co. MISSOURI</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>

13a. FATHER'S NAME <i>Noah D Thurman</i>	13b. MOTHER'S MAIDEN NAME <i>Essie C Estill</i>	14. NAME OF MARRIED OR WIFE <i>Viola Marie Koyte</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>YES. World War #2.</i>	16. SOCIAL SECURITY NO. <i>494-209-519</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs Harold Thurman</i>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Drowned</i>	DUE TO (b) <i>fall from stump while fishing. Hit right side of head on rock + drowned.</i>		<i>89298</i>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<i>420</i>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>ACCIDENT</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>west of Spillertown Mo</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Swan Lake Chariton Mo.</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>21</i>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at *6:45 PM*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>N.D. Ginnitt coroner of Chariton county</i>	23b. ADDRESS <i>Keosauqua Mo.</i>	23c. DATE SIGNED <i>8/17/49</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>8/17/49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>City Cemetery</i>
24d. LOCATION (City, town, or county) (State) <i>FAYETTE Mo.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Ralph A. Carr Fayette Mo.</i>	
DATE REC'D BY LOCAL REG. <i>8/18/49</i>	REGISTRAR'S SIGNATURE <i>Martha Clark</i>	

No. 300  
 10-48  
 21006  
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 7

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 9-9-49

SEP 16 1949

**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.

Signed James B. McCalland

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4230

P. O. Address Brookfield, 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 this body is not embalmed, fact should be so stated above.