

FILED MAR 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4442

BIRTH NO. REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 486 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sullivan		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sullivan	
c. LENGTH OF STAY (in this place) life		d. STREET ADDRESS (If rural, give location) 434 Pine St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 434 Pine St.			

3. NAME OF DECEASED (Type or Print)	a. (First) Joseph	b. (Middle) Benett	c. (Last) Thurmond	4. DATE OF DEATH (Month) (Day) (Year)	Feb. 24 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 26, 1878	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 11	IF UNDER 1 YEAR Days 28	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Stanton, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Peter Thurmond	13b. MOTHER'S MAIDEN NAME Melissa Walton	14. NAME OF HUSBAND OR WIFE Letha Thurmond
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME Letha Thurmond	ADDRESS Sullivan, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 7222
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Sepsis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb 17, 1950, to 2-24, 1950, that I last saw the deceased alive on 2-24, 1950, and that death occurred at 8 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Do not use initials) Royce M.D.	23b. ADDRESS Sullivan Mo	23c. DATE SIGNED 2/25/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 26/50	24c. NAME OF CEMETERY OR CREMATORY: Odd Fellows Cemetery	24d. LOCATION (City, town, or county) (State) Sullivan, Missouri
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DATE REC'D BY LOCAL REG. 2-24-1950	REGISTRAR'S SIGNATURE C. Prantas	25. FUNERAL DIRECTOR'S SIGNATURE H. P. Stoffer	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED FEB 27 1950  
District Health Officer No. 9,  
District File Number

**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 J. A. Humphrey

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

Licensed Embalmer No. 4772

P. O. Address Sullivan, Missouri

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.