

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8390**

0390

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 28 1950		BIRTH NO. _____		REG. DIST. NO. <u>122</u>		PRIMARY REG. DIST. NO. <u>4201</u>		Registrar's No. <u>6</u>		
1. PLACE OF DEATH a. COUNTY <u>Greene</u>					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>					
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Republic, Mo.</u>			c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Republic, Mo.</u>			0390		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Republic, Mo.</u>					d. STREET ADDRESS (If rural, give location) <u>Republic</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>R.</u>			b. (Middle) <u>E.</u>		c. (Last) <u>Thurman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 23 1950</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 26 1866</u>		9. AGE (In years last birthday) <u>83</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Undertaker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Undertaker</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Caleb Thurman</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Jenkins</u>			14. NAME OF HUSBAND OR WIFE <u>Anna G. Thurman</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>E. M. Thurman</u>				ADDRESS <u>Republic, Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.										
MEDICAL CERTIFICATION										
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>										
ANTECEDENT CAUSES										
Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.										
DUE TO (b) <u>Coronary Thrombosis</u>										
DUE TO (c) <u>Arteriosclerotic heart disease</u>										
II. OTHER SIGNIFICANT CONDITIONS										
Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>										
INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>										
19a. DATE OF OPERATION <u>none</u>			19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>			21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>none</u>					
22. I hereby certify that I attended the deceased from <u>Dec 7</u> , 19 <u>49</u> , to <u>Mar 23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Mar 22</u> , 19 <u>50</u> , and that death occurred at <u>1:15 a.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>John G. Each, M.D.</u> (Degree or title) <u>U</u>					23b. ADDRESS <u>Republic, Mo.</u>			23c. DATE SIGNED <u>3/23/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 25 '50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Republic, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>Mar 23-1950</u>		REGISTRAR'S SIGNATURE <u>Glarence Brittain</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Klingner & Co.</u> ADDRESS <u>Springfield</u>					

RECEIVED

Greene County Health Office,

County File Number 50-3-16

Date Filed 3-27-50

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. B. Kingree

Signed _____
Student Embalmer

Licensed Embalmer No. 3358

P. O. Address _____

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.