

FILED MAY 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14302

BIRTH NO. 134		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 6074		Registrar's No. 160	
1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Leadwood		c. LENGTH OF STAY (in this place) 30 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Leadwood		0940	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Leadwood				d. STREET ADDRESS (If rural, give location) None			
3. NAME OF DECEASED (Type or Print) a. (First) Leslie			b. (Middle) Filmore		c. (Last) Thurman		4. DATE OF DEATH (Month) (Day) (Year) April 25, 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Dec. 5, 1906		9. AGE (In years last birthday) 43	IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Days 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Not able to work			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Thurman			13b. MOTHER'S MAIDEN NAME Molly Coffman		14. NAME OF HUSBAND OR WIFE		
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 Jesse Brewer Leadwood, Mo.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Status Epilepticus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Epilepsy DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 6 hours 3533
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)			
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?			
22. I hereby certify that I attended the deceased from 4/24, 1950, to 4-25, 1950, that I last saw the deceased alive on 4-24, 1950, and that death occurred at 2:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John W. Hunt M.D.				23b. ADDRESS Leadwood, Mo.		23c. DATE SIGNED 4-27-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 27, 1950	24c. NAME OF CEMETERY OR CREMATORY Leadwood Cemetery		24d. LOCATION (City, town, or county) (State) Leadwood, Mo.		
DATE REC'D BY LOCAL REG. Apr 27, 1950		REGISTRAR'S SIGNATURE Ether Rudolph		389 FEDERAL DIRECTOR'S SIGNATURE Bud L. Bayer		ADDRESS Leadwood, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

