

THE DIVISION OF HEALTH OF MISSOURI
FILED JUN 27 1950 STANDARD CERTIFICATE OF DEATH

19235
State File No.

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 162

| | | | |
|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Adair</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Shannon</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville, Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>REPUBLIC</u> | |
| c. LENGTH OF STAY (In this place) <u>10 days</u> | | d. STREET ADDRESS (If rural, give location) <u>1</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Community Nursing Home</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>OLIVER</u> | | b. (Middle) <u>P. T.</u> | |
| | | c. (Last) <u>THURMAN</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>June 21 1950</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>June 16, 1879</u> |
| 9. AGE (In years last birthday) <u>72</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carpenter</u> | 11. BIRTHPLACE (State or foreign country) <u>Republic, Missouri</u> |
| | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>William Thurman</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wade</u> | 14. NAME OF HUSBAND OR WIFE <u>Lillie May Thurman</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>yes (Unknown)</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Ewell S. Thurman</u> ADDRESS <u>St. Louis, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute coronary failure</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> | |
| ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>coronary thrombosis</u> | | <u>1 hr.</u> | |
| DUE TO (c) <u>coronary arteriosclerosis</u> | | <u>10 yrs.</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>11/20/1</u> | |
| 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) (Min.) | 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 <u>June 12, 1950</u> , to <u>June 21, 1950</u> , that I last saw the deceased alive on <u>June 20, 1950</u> , and that death occurred at <u>2:30 A.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Vincent A. Strangio</u> (Degree or title) <u>D.O.</u> | | 23b. ADDRESS <u>100 W. Wabash Kirkville, Mo.</u> | 23c. DATE SIGNED <u>June 21, 1950</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>6-21-50</u> | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) <u>Republic Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>6-21-50</u> | REGISTRAR'S SIGNATURE <u>Kate Lambert</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert B. Davis</u> ADDRESS <u>Kirkville, Mo.</u> | |

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

JUN 1 1950

RECEIVED JUN 2 6 1950
District Health Officer No.
District File Number 6-50-1
Date Filed JUN 2 6 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Robert B. Davis

Signed.....
Student Embalmer

Licensed Embalmer No. 4219

P. O. Address. Kirkville, 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.