LS. No. 300
EV. 10.48

0940
2

FILED OCT 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34537

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 338

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Farmington RURAL St. Francois
c. LENGTH OF STAY (in this place): 5Yr8Mo8Das
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital No. 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elvins 0940
d. STREET ADDRESS (If rural, give location): Route 1 0

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle): EMERSON
c. (Last): THURMAN

4. DATE OF DEATH (Month) October (Day) 11, (Year) 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 22, 1861
9. AGE (In years last birthday): 89 — If under 1 year: Months 2, Days 19 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hazel Run, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Joshua Thurman
13b. MOTHER'S MAIDEN NAME: Elanor League
14. NAME OF HUSBAND OR WIFE: Emma Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Records, State Hospital No. 4, Farmington, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Bronchial pneumonia - - - - - - - - - - — INTERVAL BETWEEN ONSET AND DEATH: Abt. 3 das.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Impacted fracture of right femur, 10-3-50.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis - - - - - - - - - At least 5 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 094
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hospital ward.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): FFarmington St. Francois Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10-3-50 at Abt. 7A.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell on floor, probably pushed by another Pt.

22. *I hereby certify that I attended the deceased from* Nov. 1, *19* 49, *to* Oct. 11, *19* 50, *that I last saw the deceased alive on* Oct. 11, *19* 50, *and that death occurred at* 1:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John A. Brennan M.D. (Degree or title) 0
23b. ADDRESS: Farmington, State Hospital No. 4, Mo.
23c. DATE SIGNED: 10-11-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 13 1950
24c. NAME OF CEMETERY OR CREMATORY: Bremouse
24d. LOCATION (City, town, or county) (State): Bonne Terre Mo

DATE REC'D BY LOCAL REG.: Oct. 17, 1950
REGISTRAR'S SIGNATURE: Esther Rudolph 259
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Benham Funeral Home Bonne Terre Mo

(Licensed Embalmer) Statement on Reverse Side)

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

RECEIVED
OCT 23 1950
DISTRICT HEALTH OFFICE No. 4
File No. .....

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 ..... Student Embalmer

Signed Clarence J. Claywell

Licensed Embalmer No. 3706

P. O. Address Round Rock Tex

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.