

FILED JAN 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3617

BIRTH NO. _____		REG. DIST. NO. 36 ✓		PRIMARY REG. DIST. NO. 4531		Registrar's No. 5	
1. PLACE OF DEATH a. COUNTY Warren Co.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Montgomery.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrenton, Mo.				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN McKittrick, Mo. Rural Loure /			
d. FULL NAME OF HOSPITAL OR INSTITUTION The Katie Jane Memorial Home				f. STREET ADDRESS (If rural, give location) P.O. /			
3. NAME OF DECEASED (Type or Print) Belle Thurman.			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH Jan 16th 1951 (Month) (Day) (Year)	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Aug 22nd 1863	
9. AGE (In years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Big Spring, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Mountain Godley.		13b. MOTHER'S MAIDEN NAME Elizabeth Godley.		14. NAME OF HUSBAND OR WIFE Joseph M. Thurman, Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chas Thurman, Perry 770			
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) Coronary occlusion acute 2 hr.							
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis intman DUE TO (c) Myocarditis chronic intman							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Emphysema 4201							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Aug 23, 1949, to Jan 15, 1951, that I last saw the deceased alive on Jan 15, 1951, and that death occurred at 4:50 p.m. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. A. Hulsche M.D.				23b. ADDRESS Warrenton Mo.		23c. DATE SIGNED Jan 16 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 17th, 1951		24c. NAME OF CEMETERY OR CREMATORY Big Spring, Mo.		24d. LOCATION (City, town, or county) (State) Near Big Spring, Mo.	
DATE REC'D BY LOCAL REG. Jan 18, 1951		REGISTRAR'S SIGNATURE Floyd Logan 421		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. B. Baker American 770			

(Licensed Embalmer's Statement on Reverse Side)

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

1090  
4

RECEIVED

JAN 24 1951

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 *D B Baker*

Signed .....  
Student Embalmer

Licensed Embalmer No. 3375

P. O. Address Americus, 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.