

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **22907**

BIRTH NO. **43689-51** REG. DIST. NO. **144** PRIMARY REG. DIST. NO. **4234** Registrar's No. **32**

0470

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

1. PLACE OF DEATH a. COUNTY <b>Iron</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Iron</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ironton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Ironton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ROGER</b>	b. (Middle) <b>GAY</b>	c. (Last) <b>THURMAN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 1 1951</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>July 31 1951</b>	9. AGE (In years last birthday) <b>0</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 1 HS. Hours <b>14</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Ironton Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Raymond Thurman</b>	13b. MOTHER'S MAIDEN NAME <b>Laura Smith</b>	14. NAME OF HUSBAND OR WIFE <b>##</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Raymond Thurman, Ironton Mo.</b>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congenital aortic disease</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Open a Foramen</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>7543</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **July 31, 1951, to Aug 1, 1951**, that I last saw the deceased alive on **7-1, 1951**, and that death occurred at **6:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Degree or title)	23b. ADDRESS <b>Ironton Mo</b>	23c. DATE SIGNED <b>8-3-51</b>
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>8-2-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Arcadia Valley Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Ironton Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Aug 6, 1951</b>	REGISTRAR'S SIGNATURE <b>Mrs. Aris Jones</b>	128	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b> ADDRESS <b>White Funeral Home, Ironton Mo.</b>
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RECEIVED

AUG 14 1951

DISTRICT HEALTH OFFICE No. 6

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Archie White* .....

Licensed Embalmer No. *3012* .....

P. O. Address *Porter, Va.* .....

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.