

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28790**
7643
Registrar's No.

FILED SEP 13 1951

318

1003

BIRTH, NO.		REG. DIST. NO.	PRIMARY REG. DIST. NO.	Registrar's No.
1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Mo. b. COUNTY Jefferson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--Valle 0500		
c. LENGTH OF STAY (In this place) 4 Wks		d. STREET ADDRESS (If rural, give location) R.R.#2 DeSoto, Mo.		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3817 Folsom Ave.				
3. NAME OF DECEASED (Type or Print) a. (First) Clara b. (Middle) Hester c. (Last) Thurmond		4. DATE OF DEATH (Month) (Day) (Year) Aug. 25, 1951		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 22, 1884	9. AGE (In years last birthday) 66 Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Washington Co., Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Andrew J. Locke		13b. MOTHER'S MAIDEN NAME Julia Goyero		14. NAME OF HUSBAND OR WIFE John W. Thurmond
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Thurmond Rt. 2, DeSoto, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetic Mellitus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Family		INTERVAL BETWEEN ONSET AND DEATH years
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? 2 Med X
22. I hereby certify that I attended the deceased from May , 19 51 , to 8/25 , 19 51 , that I last saw the deceased alive on 8/25 , 19 51 , and that death occurred at 5:30 p.m. , from the causes and on the date stated above.				
23a. SIGNATURE See Mathershead		23b. ADDRESS M. D. 16 Hampton Valley		23c. DATE SIGNED 8/28/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/28/51		24c. NAME OF CEMETERY OR CREMATORY Woodlawn
24d. LOCATION (City, town, or county) (State) De Soto, Mo.				
DATE RECD BY LOCAL REG. AUG 28 1951		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. See Mathershead - De Soto, Mo.

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

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.....

Andrew H. England

Licensed Embalmer No. *4745*

P. O. Address *De Soto, 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.