

No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30851

State File No.

FILED SEP 1 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>1516</u>					
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>							
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wash Township</u>		c. LENGTH OF STAY (in this place) <u>104 hrs 26d</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		3558 3558 1					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp 3 Nevada Mo</u>				d. STREET ADDRESS (If rural, give location) <u>3718 Wabash</u>							
3. NAME OF DECEASED (Type or Print) <u>JAMES - THURMAN</u>			a. (First)		b. (Middle)		c. (Last)				
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 27, 1953</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>May 20, 1890</u>			
9. AGE (In years last birthday) <u>63</u>		10. MONTHS <u>3</u>		11. DAYS <u>7</u>		12. IF UNDER 18 HRS. Hour Min. <u>- -</u>		13. IF UNDER 24 HRS. Hour Min. <u>- -</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Sales Engineer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Henry Thurman</u>			13b. MOTHER'S MAIDEN NAME <u>Frances Carter</u>			14. NAME OF HUSBAND OR WIFE <u>Ruth Thurman</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hosp 3 Nevada Mo</u>			ADDRESS		
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) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Luetic Heart Disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Paresis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hour</u>			
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION <u>no</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>023 X</u>							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>no</u>							
22. I hereby certify that I attended the deceased from <u>Sept 1, 1942</u> , to <u>Aug 27, 1953</u> , that I last saw the deceased alive on <u>Aug 27, 1953</u> and that death occurred at <u>9a</u> m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Paul L. Barone, M.D.</u>				23b. ADDRESS <u>State Hosp 3 Nevada Mo</u>			23c. DATE SIGNED <u>Aug 27/53</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-27-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>unknown</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>					
DATE REC'D BY LOCAL REG. <u>8-28-53</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>			25. FEDERAL DIRECTOR'S SIGNATURE <u>Shine & McBlue</u>		ADDRESS <u>16 Mo</u>				

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

SEP 16 1953

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
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.