

No. 300
10.48

FILED SEP 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29655

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6242 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY WASHINGTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY WASHINGTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-KINGSTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-KINGSTON	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) STAR ROUTE 1100	
d. FULL NAME OF HOSPITAL OR INSTITUTION STAR ROUTE			

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) ROY c. (Last) THURMAN			4. DATE OF DEATH (Month) (Day) (Year) SEPT 5 1954		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB 14 1910	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY FACTORY	11. BIRTHPLACE (State or foreign country) DE SOTO, MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ROY THURMAN	13b. MOTHER'S MAIDEN NAME FLORENCE MCKAY	14. NAME OF HUSBAND OR WIFE FLORENCE THURMAN
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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. _____	17. INFORMANT'S SIGNATURE OR NAME FLORENCE THURMAN ADDRESS Blackwell, Mo.
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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, asthma, 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) burned to death in an automobile cause of fire.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) KINGSTON TOWNSHIP	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) Washington Washington, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:00A** m., from the causes and on the date stated above.

23a. SIGNATURE D. R. Gibson (Degree or title) Coroner	23b. ADDRESS Osborne, Mo.	23c. DATE SIGNED 9-6-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-7-54	24c. NAME OF CEMETERY OR CREMATORY Masonic	24d. LOCATION (City, town, or county) (State) Blackwell, Mo.
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DATE REC'D BY LOCAL REG. 9/6/54	REGISTRAR'S SIGNATURE Helmut Kerdall 40370	25. FEDERAL DIRECTOR'S SIGNATURE Daniel J. Mahoney ADDRESS Blackwell, Mo.
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Licensed Embalmer's Statement on Reverse Side

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

RECEIVED

SEP 7 1954

WASH. COUNTY HEALTH DE

File No. _____

SEP 1 1954

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 _____

GERALD J. MAHN

Student Embalmer No. 505

working under my personal supervision.

Student

Student Embalmer

Signed

Licensed Embalmer No. 4326

P. O. Address Alle Sato, Ma

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.