

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 31 1955

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6675 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) Delassus		c. LENGTH OF STAY (In this place) 5 Wks.	c. CITY OR TOWN Farmington
d. FULL NAME OF HOSPITAL OR INSTITUTION Pratt Nursing Home		f. STREET ADDRESS (If rural, give location) R.F. D. # 3 Farmington	

3. NAME OF DECEASED (Type or Print)	a. (First) Shelton	b. (Middle) E.	c. (Last) Thurman	4. DATE OF DEATH (Month) (Day) (Year) March 17, 1955
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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. 21, 1896	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 0 Days 26	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) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (City and State or Foreign Country) Ste. Genevieve, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME P. H. (Bud) Thurman	13b. MOTHER'S MAIDEN NAME Ada Kerlagon	14. NAME OF HUSBAND OR WIFE Elsie Thurman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes.	16. SOCIAL SECURITY NO. WW # 1	17. INFORMANT'S SIGNATURE OR NAME Elsie Thurman	ADDRESS RFD # 2 Farmington Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6-8 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Arachnoiditis		
	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.			

19a. DATE OF OPERATION Nov 27 1954	19b. MAJOR FINDINGS OF OPERATION Arachnoiditis	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) Farmington MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Nov, 1954, to March 17, 1955, that I last saw the deceased alive on March 7, 1955, and that death occurred at 2:45 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. E. Coulter M.D.	23b. ADDRESS Farmington, MO	23c. DATE SIGNED 3-22-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/20/55	24c. NAME OF CEMETERY OR CREMATORY Marvin Chapel Cem.	24d. LOCATION (City, town, or county) (State) Near Bonne Terre, Mo.
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DATE REC'D BY LOCAL REG. Mar. 22, 1955	REGISTRAR'S SIGNATURE Ether Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE C. Z. Boyer & Son Desloge, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 31 1957

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.....
Signature of Student Embalmer

Signed *C. Z. Boyer*

Licensed Embalmer No. *1671*

P. O. Address *Heslop*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.