

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12555

State File No.

No. 300
10. 48
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FILED MAY 13 1955

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 5678 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Millwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Millwood</u>	
c. LENGTH OF STAY (in this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>Silex</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Silex</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Thurmond</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 23, 1955</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>Sept. 23, 1879</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Troy, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>

13a. FATHER'S NAME <u>William Thurmond</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Moore</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret Thurmond</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. <u>486-14-1095</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Margaret Thurmond, Silex, Mo.</u>
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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) <u>Chronic myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u>		
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) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>443 X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 April 19, 1955, to April 23, 1955, that I last saw the deceased alive on April 21, 1955, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>K. M. Powell</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Silex Mo.</u>	23c. DATE SIGNED <u>April 24/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 25, 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Alphonsus</u>	24d. LOCATION (City, town, or county) (State) <u>Millwood, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5/11/55</u>	REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kautz</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. O. Mudd Funeral Home</u>
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(Licensed Embalmers' Statement on Reverse Side) Silex, Mo.

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

VS NOV 1 1961

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

James O. Muel

Licensed Embalmer No. *4152*

P. O. Address

Bowling Green, 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.