

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41754

State File No. ....

FILED DEC 28 1955

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 373

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Leadwood</b>		c. LENGTH OF STAY (in this place) <b>40 Yrs.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Leadwood</b>		c. CITY OR TOWN <b>Leadwood</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>0940</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Mary (Mollie)</b>	b. (Middle) <b>Caroline</b>	c. (Last) <b>Thurman</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 18, 1955</b>
-------------------------------------	------------------------------------	--------------------------------	-----------------------------	---

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 18, 1881</b>	9. AGE (In years last birthday) Months Days <b>74 8 0</b>	IF UNDER 1 YEAR Hours Min.
-------------------------	----------------------------------	--	---	--	-------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Washington County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	-----------------------------------	---	---

13a. FATHER'S NAME <b>Benjamin Coffman</b>	13b. MOTHER'S MAIDEN NAME <b>Elva Duncan</b>	14. NAME OF HUSBAND OR WIFE <b>John Thurman</b>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Jesse Brewer</b>	ADDRESS <b>Leadwood, Mo.</b>
---	-------------------------	--	---------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH. <b>12 hrs.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive cardiovascular renal disease</b> DUE TO (c) <b>not known</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>442X</b>			

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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from 12/18, 1955, to 12/18, 1955, that I last saw the deceased alive on 12/18, 1955 and that death occurred at 8 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John W Hunt M.D.</b>	23b. ADDRESS <b>Leadwood Mo</b>	23c. DATE SIGNED <b>12/19/55</b>
---	------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/20/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Leadwood Cemetery</b>	24d. LOCATION (City, town, or county) (State). <b>Leadwood, Mo.</b>
--	------------------------------	--	--

DATE REC'D BY LOCAL REG. <b>Dec. 17, 1955</b>	REGISTRAR'S SIGNATURE <b>Ethel Rudloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>But L. Bayer</b>	ADDRESS <b>Leadwood, Mo.</b>
--	---	---	---------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

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 *William E. Boyer*  
Licensed Embalmer No. *473*  
P. O. Address *Leadwood*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.