

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31446

FILED OCT 1 1956

STATE FILE NUMBER 31

Registration District No. 218 Primary Registration District No. 5789 Registrar's No. 31

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| 1. PLACE OF DEATH a. COUNTY MISSISSIPPI | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MISSISSIPPI | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. JAMES TOWNSHIP Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN ARMOUR COMMUNITY Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION B.M. SOUTHEAST PRAIRIE Length of stay in lb 1 YEAR | | d. STREET ADDRESS (If outside, give location) RT. 1 BERTRAND MO. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First SARAH Middle DANNY Last THURMAN | | | 4. DATE OF DEATH SEPT. 21, 1956 Month SEPT. Day 21 Year 1956 | | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 6-15-1873 | 9. AGE (In years last birthday) 83 | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) CRITTENDON CO. KY | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13. FATHER'S NAME DANIEL CRIDER | | | 14. MOTHER'S MAIDEN NAME MAREARA FRANCIS BURTON | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. | | 16. SOCIAL SECURITY NO. UNKNOWN | 17. INFORMANT LUTHER THURMAN Address RT. 1 BERTRAND MO. | | |

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| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LOBAR PNEUMONIA | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) | |
| | DUE TO (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY - Hour Month, Day, Year a. m. p. m. | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |

21. I attended the deceased from _____ to _____ and last saw her ~~when~~ alive on **9-1-56**
Death occurred at **9-21-56-p** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Melvin R. D. Bickerton Mo.** 22b. ADDRESS **490X** 22c. DATE SIGNED **9/25/56**

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|---------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 9-23-56 | 23c. NAME OF CEMETERY OR CREMATORY DOGWOOD CEMETERY | 23d. LOCATION (City, town, or county) (State) MISSISSIPPI CO. MO. |
| 24. FUNERAL DIRECTOR ADDRESS Thos. Shelby East Prairie | 25. DATE RECD. BY LOCAL REG. 9-26-56 | 26. REGISTRAR'S SIGNATURE Gertrude G. Harper | |

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REC'D 1 7 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *T. W. Shelby Jr.*

Licensed Embalmer No. *49*

P. O. Address *East...*

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