

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5925

STATE FILE NUMBER

FILED MAR 7 1957

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 66

| | | | | | | | |
|---|----------------------------------|---|--|---|---|--|---|
| 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, give TOWNSHIP only) Bonne Terre | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Flat River | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hosp. | | | Length of stay in lb 1 Week | d. STREET ADDRESS (If outside, give location) 607 W Main | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Hester Middle Keith Last Thurmond | | | | 4. DATE OF DEATH Month Feb. Day 24 Year 1957 | | | |
| 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 June 10 1899 | | 9. AGE (In years last birthday) 57 | IF UNDER 1 YEAR Months 8 Days 14 Hours 14 Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Lawrēncton, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Gallant Eaton | | | | 14. MOTHER'S MAIDEN NAME Ida Kornwalf | | | |
| 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. | | 17. INFORMANT Norman Thurmond, Flat River, Mo | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Mononucleo pneumonia Glomerular nephritis DUE TO (b) DUE TO (c) sepsis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) uremia | | | | | | INTERVAL BETWEEN ONSET AND DEATH 5 days | |
| 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 6:00A Month, Day, Year | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <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 Jan 57 to 2-24-57 and last saw her him alive on 2-24-57 Death occurred at 6:00A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Deceased's style) M. A. Raabe M.D. | | | | 22b. ADDRESS Desloge, Mo | | 22c. DATE SIGNED 2-25-57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 2/26/'57 | 23c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Francois, Co. Mo. | | |
| 24. FUNERAL DIRECTOR Boyer & Son | | | ADDRESS Desloge, Mo. | | 25. DATE RECD. BY LOCAL REG. Feb. 25, 1957 | | 26. REGISTRAR'S SIGNATURE Ether Rudloff |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 7 1951

SIGNATURE

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 *J. T. Boyer*

Licensed Embalmer No. *36*

P. O. Address *Oshtemo*

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.