

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015462

STATE FILE NUMBER

FILED MAY 13 1958

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 171

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY STE. GENEVIEVE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL ST. FRANCOIS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN FARMINGTON		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MINERAL AREA OSTEOPATHIC HOSP.				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) ROUTE #3	
3. NAME OF DECEASED (Type or print) First DENNIS , Middle HERBERT , Last THOMURE				4. DATE OF DEATH Month MAY Day 2 Year 1958			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH JULY 3, 1895	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 62	
11. BIRTHPLACE (City and state or country) STE. GENEVIEVE COUNTY, Mo.				12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13. FATHER'S NAME NICHOLAS THOMURE				14. MOTHER'S MAIDEN NAME MOLLY HAYNES			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. I		16. SOCIAL SECURITY NO.		17. INFORMANT PHILIPP THOMURE			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis						INTERVAL BETWEEN ONSET AND DEATH 3 day	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 4201							
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"/> 2	
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 April 29, 58 to May 2, 58 and last saw her alive on 5-2-58 Death occurred at 10:05 m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) L. M. Hayfield				22b. ADDRESS FARMINGTON, MISSOURI		22c. DATE SIGNED 5/5/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 5-5-58		23c. NAME OF CEMETERY OR CREMATORY PLEASANT HILL		23d. LOCATION (City, town, or county) (State) Ste. Genevieve Co., Mo.	
24. FUNERAL DIRECTOR C. H. COZEAN, FARMINGTON, MO.				25. DATE RECD. BY LOCAL REG. May 5, 1958		26. REGISTRAR'S SIGNATURE Ether Rudloff	

(Licensed Embalmer's Statement of Reverse Side)

MAY 24 1958

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.....
W. Cozart

Licensed Embalmer No.
40

P. O. Address *Farmington*

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.