Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-010650
STATE FILE NUMBER

FILED MAR 17 1959 Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 93

1. PLACE OF DEATH
a. COUNTY St. Francis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Francois Twp. Farmington - Rural
Inside Limits Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) State Hosp No. 4 Length of stay in 1b 2 yr. - 7 m - 23 da.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Washington
c. CITY OR TOWN Rural 11 ag
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Near Richwoods
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First William Middle Last Thurmond
4. DATE OF DEATH Month March Day 1 Year 1959

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH March 12-1913
9. AGE (In years last birthday) 45
IF UNDER 1 YEAR Months 11 Days 19
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Potosi Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frank Thurmond
13b. MOTHER'S MAIDEN NAME Cora Hogan
14. NAME OF HUSBAND OR WIFE Blanch Thurmond

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 Address Leona Withouse, Fletcher Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bilateral Pulmonary tuberculosis, terminal — INTERVAL BETWEEN ONSET AND DEATH approx 1½ yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Parnoid Praecox, schizophrenia — 1937
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) OCOX
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) none
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 7-2-58 last adm to 3-1-59 and last saw ~~her~~ him alive on 3-1-59
Death occurred at State Hospital # 4 2:27P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John A. Brennan. M.D.
22b. ADDRESS State Hosp. #4, Farmington, Mo.
22c. DATE SIGNED 3-2-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-4-59
23c. NAME OF CEMETERY OR CREMATORY Horine Cemetery
23d. LOCATION (City, town, or county) (State) Washington Co. Mo.

24. FUNERAL DIRECTOR Mrs Luther Sparks ADDRESS Potosi Mo
25. DATE RECD. BY LOCAL REG. Mar 9, 1959
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 Murphy L. Sparks

Licensed Embalmer No. 4236

P. O. Address Flatonia Tx

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.