

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017987

STATE FILE NUMBER

FILED JUN 8 1959 Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 2112

300
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Holden
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary Hospital		Length of stay in 1b 1 hour	d. STREET ADDRESS (If outside, give location) Holden, Missouri
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JOHN Middle THOMAS Last THURMAN			4. DATE OF DEATH Month April Day 26 Year 1959		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 26, 1888	9. AGE (In years last birthday) 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY own farm	11. BIRTHPLACE (City and state or country) Cowan, Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Thomas Thurman		13b. MOTHER'S MAIDEN NAME Melinda McFarland		14. NAME OF HUSBAND OR WIFE Hilda Koch Thurman	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no xxxx	16. SOCIAL SECURITY NO. 495-38-7991	17. INFORMANT Robert Thurman, Holden, Missouri	Address
--	---	--	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Occlusion of Anterior Descending Coronary artery, Myocardial Infarction with rupture of the		INTERVAL BETWEEN ONSET AND DEATH 3 hours
DUE TO (b) apex. Cardiac Tampanode		
DUE TO (c) Arteriosclerotic cardiovascular disease		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>

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.) 4201
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	

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.) 1959	20f. CITY, TOWN, OR LOCATION Holden, Missouri	COUNTY Johnson	STATE
21. (I attended the deceased from April 26 9:30AM to April 26, 1959 and last saw him alive on April 26, 1959 Death occurred at 12:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE <i>Kelly Paulins M.D.</i>	(Degree or title)	22b. ADDRESS Holden, Missouri	22c. DATE SIGNED April 26 '59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/26/59	23c. NAME OF CEMETERY OR CREMATORY Holden Cemetery	23d. LOCATION (City, town, or county) (State) Holden, Missouri

24. FUNERAL DIRECTOR Canaday and Ropp, Holden, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. 4-27-59	26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>
--	---------	--	---

(Licensed Embalmer's Statement on Reverse Side)

All diagnoses in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Kelly Paulins



6561 8 NUP SA JUN 2 1959

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 *M J Canaday*

Licensed Embalmer No. 3434

P. O. Address Holden, Missouri

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.