URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ILED VS JUN 22 1960

-60-023807

STATE FILE NUMBER

Registration District No. 206 Primary Registration District No. 20HB Registrar's No. 81

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fredericktown
Length of stay in 1b: 1 year
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 806 High Street
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Madison
c. CITY OR TOWN: Fredericktown
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 806 High Street
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Jerry Middle: (NONE) Last: Thurmond
4. DATE OF DEATH: Month: June Day: 13, Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-11-1896
9. AGE (last birthday): 64
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill wright
10b. KIND OF BUSINESS OR INDUSTRY: Independent Packing Co. St. Louis, Mo.
11. BIRTHPLACE (City and state or country): Rector, Arkansas
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William Thurmond
13b. MOTHER'S MAIDEN NAME: Virginia Stover
14. NAME OF ~~HUSBAND~~ OR WIFE: Opal Thurmond
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 489-07-091
17. INFORMANT: Jerry Thurmond, Jr. Address: 5242 Page St. Louis, 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): Carcinoma of the lung with metastases
INTERVAL BETWEEN ONSET AND DEATH: months
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): Arteriosclerotic Heart Disease Cirrhosis of Liver.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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

BY AFFIDAVIT OF

21. I attended the deceased from Nov 12 1957 to June 13 1960 and last saw ~~him~~ him alive on June 13, 1960
Death occurred at 11:55 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Charles E Mubachs MD
22b. ADDRESS: Fredericktown, Mo.
22c. DATE SIGNED: June 14, 1960
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: June 16, 1960
23c. NAME OF CEMETERY OR CREMATORY: Lindenwood Cemetery
23d. LOCATION (City, town, or county) (State): Paragould, Arkansas
24. FUNERAL DIRECTOR: L. Adamson ADDRESS: Fredericktown, Mo.
25. DATE REC'D. BY LOCAL REG.: 6-14-1960
26. REGISTRAR'S SIGNATURE: Florence Hicks

(Licensed Embalmer's Statement on Reverse Side)

JUL 11 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond B. Wala

Licensed Embalmer No. 4884

P. O. Address Frederick

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