

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026512

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. **346**
FILED JUL 26 1961

Primary Registration District No. _____

Registrar's No. **276**

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) OR TOWN Liberty Twns.		Length of stay in 1b		c. CITY OR TOWN Mine La Motte		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Star Route			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Leeman. Middle Cletus Last Thomure			4. DATE OF DEATH Month July Day 6 Year 1961					
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 9/22/36	9. AGE (last birthday) 24	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)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country). St. Francois Co., Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Alfred Thomure			13b. MOTHER'S MAIDEN NAME Helen Wright			14. NAME OF HUSBAND OR WIFE Linda Thomure		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO					17. INFORMANT Address Li nda Thomure Mine La Motte, 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) GUN SHOT WOUND TEMPLE REGION							INTERVAL BETWEEN ONSET AND DEATH D.O.M.	
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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) SELF INFLECTED .22 CAL BULLET FROM 22 CAL RIFLE						
20c. TIME OF INJURY July 6:00 p.m.		Month, Day, Year July 6 1961						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME		20f. CITY, TOWN, OR LOCATION STAR ROUTE MINE LA MOTTE		COUNTY ST. FRANCOIS		STATE MO.
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at ABOUT 6:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Ted Boyer, Coroner				22b. ADDRESS Bone Twp, Mo.			22c. DATE SIGNED 7-11-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/10/61	23c. NAME OF CEMETERY OR CREMATORY Hillview Memorial Gardens		23d. LOCATION (City, town, or county) (State) Farmington, Missouri			
24. FUNERAL DIRECTOR Miller Funeral Home Farmington, Mo.				25. DATE RECD. BY LOCAL REG. July 19, 1961		26. REGISTRAR'S SIGNATURE Catherine Rudloff		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 27 1961

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 Paul R. Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington Mo

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.