

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035305

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. _____ Registrar's No. 191

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<p>FILED OCT 15 1962</p> <p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Laclede</u></p> <p>b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Conway</u></p> <p>c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Conway Mo.</u></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u></p> <p>b. COUNTY <u>Laclede</u></p> <p>c. CITY OR TOWN <u>Conway</u></p> <p>d. STREET ADDRESS (if outside, give location) <u>No St. address</u></p>	
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>Missouri Alice Thurman</u></p>		<p>4. DATE OF DEATH Month Day Year <u>Sept. 28, 1962</u></p>	
<p>5. SEX <u>Female</u></p>	<p>6. COLOR OR RACE <u>white</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>1/18/1882</u></p>
<p>9. AGE (last birthday) <u>80</u></p>		<p>10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u></p>	<p>11. BIRTHPLACE (City and state or country) <u>Dallas Co. Mo. U. S. A.</u></p>
<p>12. CITIZEN OF WHAT COUNTRY</p>		<p>13. FATHER'S NAME <u>James M. Gann</u></p>	
<p>14. MOTHER'S MAIDEN NAME <u>Amanda Alley</u></p>		<p>15. NAME OF HUSBAND OR WIFE <u>Alonzo Thurman</u></p>	
<p>16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u></p>		<p>17. SOCIAL SECURITY NO. <u>NONE</u></p>	
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Arteriosclerotic Coronary Heart Disease with Terminal Myocardial Failure.</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____</p> <p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown</p>		<p>INTERVAL BETWEEN ONSET AND DEATH <u>Several Yrs</u></p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. _____</p>	<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____</p>	<p>20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____</p>
<p>21. I attended the deceased from <u>Sept. 27, 1962</u> to <u>Sept. 28, 1962</u> and last saw her/him alive on <u>Sept. 27, 1962</u>. Death occurred at <u>11:35 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE (Degree or title) <u>C.P. Macdonald, M.D.</u></p>		<p>22b. ADDRESS <u>Marshfield, Mo</u></p>	<p>22c. DATE SIGNED <u>9/29/62</u></p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	<p>23b. DATE <u>9/30/1962</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>Charity Cemetery, Charity Mo.</u></p>	<p>23d. LOCATION (City, town, or county) (State) _____</p>
<p>24. FUNERAL DIRECTOR <u>Dorsey M. Howe, Lebanon, Mo.</u></p>		<p>25. DATE RECD. BY LOCAL REG. <u>10-11-1962</u></p>	<p>26. REGISTRAR'S SIGNATURE <u>Hella L. May</u></p>

USE BLACK INK OR TYPEWRITER RIBBON

OCT 17 1962

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.

Permit issued 9-30-1962 M.D.J. M.