

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006269

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 744 Primary Registration District No. 4234 Registrar's No. 32

FILED MAR 8 1963	
1. PLACE OF DEATH a. COUNTY <u>Iron</u> b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ironton</u> Length of stay in lb <u>15 days</u> c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's of the Ozarks</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Iron</u> c. CITY OR TOWN <u>Pilot Knob</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (if outside, give location) <u>2 miles N. of Pilot Knob</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED First <u>PERRY</u> Middle <u>JEROME</u> Last <u>THURMAN</u>	
4. DATE OF DEATH Month <u>February</u> Day <u>27</u> Year <u>1963</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/24/1892</u>
9. AGE (last birthday) <u>71</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>	
11. BIRTHPLACE (City and state or country) <u>Graniteville, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>William Thurman</u>	
13b. MOTHER'S MAIDEN NAME <u>Parsenia McMullen</u>	
14. NAME OF HUSBAND OR WIFE <u>Opal Irene Thurman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W.I</u>	
17. INFORMANT <u>Mrs. Wm. McDaniel, Ironton, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Lobar Pneumonia (right)</u>	
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) <u>Chronic bronchial asthma, Myocarditis</u>	
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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
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 <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.)	
20f. CITY, TOWN, OR LOCATION <u>Ironton, Missouri</u>	
21. I attended the deceased (Specify) <u>9:40 A. M. 2-12-63</u> to <u>2-27-63</u> and last saw him alive on <u>2-27-63</u> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Describe or title) <u>R. E. Harland, M.D.</u>	
22b. ADDRESS <u>Ironton, Missouri</u>	
22c. DATE SIGNED <u>3-1-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
23b. DATE <u>3/2/1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Pilot Knob Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Pilot Knob, Mo.</u>	
24. FUNERAL DIRECTOR <u>White Funeral Home, Ironton, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>3-1-63</u>	
26. REGISTRAR'S SIGNATURE <u>Ma. A. Jones</u>	

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DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
ITEM NO. SHOULD READ
BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

MAR 11 1963

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 Lyle H. White
Licensed Embalmer No. 4295

P. O. Address Ironton, 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.

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