

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14571**

FILED MAY 3 1949

BIRTH NO. _____		REG. DIST. NO. <b>337</b>		PRIMARY REG. DIST. NO. <b>4497</b>		Registrar's No. <b>50</b>	
1. PLACE OF DEATH a. COUNTY <b>Shelby county</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Clarence</b>		c. LENGTH OF STAY (in this place) <b>65 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Clarence, Mo.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>				d. STREET ADDRESS (If rural, give location) <b>X</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary Ella T. Thurman</b>			b. (Middle)			c. (Last)	
4. DATE OF DEATH <b>4-5-1949</b>			5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>8-6-1876</b>		9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>29</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>		11. BIRTHPLACE (State or foreign country) <b>New York State</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
13a. FATHER'S NAME <b>Charles Tanner</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Lenz</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>X</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Herbert Moore, Lentner, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Apoplexy</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs</b>	
		ANTECEDENT CAUSES Arterial Hypertension DUE TO (b) _____ DUE TO (c) _____				10 yrs	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>334A</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>May 1946</b> to <b>April 5, 1949</b> , that I last saw the deceased alive on <b>Apr 5, 1949</b> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>W. L. Harlan, M.D.</b> (Degree or title)				23b. ADDRESS <b>Clarence, Mo.</b>		23c. DATE SIGNED <b>Apr 5 1949</b> (State)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-10-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Maplewood</b>		24d. LOCATION (City, town, or county) <b>Clarence, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Apr 29-49</b>		REGISTRAR'S SIGNATURE <b>Eda Garrison</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Million - Barkeley, Clarence, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 1  
District File Number 5-49.76  
MAY 2 - 1949

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.

Signed W. Hawkins

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3498

P. O. Address Shelburne Vt.

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 this body is not embalmed, fact should be so stated above.