

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15588

State File No.

BIRTH NO. 27929-49 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 445

1. PLACE OF DEATH a. COUNTY GREENE			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Greene		
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (In this place) 13 hours	c. CITY (If outside corporate limits, write RURAL and give township) Springfield		
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital			d. STREET ADDRESS (If rural, give location) 906 W. Center		

3. NAME OF DECEASED (Type or Print) a. (First) Baby Ray b. (Middle) Thurman c. (Last) Thurman			4. DATE OF DEATH (Month) (Day) (Year) May 18, 1949		
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5. SEX Male	6. COLOR OR RACE WHITE	7. MARRIED (NEVER MARRIED, WIDOWED, DIVORCED) (Specify) never married	8. DATE OF BIRTH May 18, 1949	9. AGE (In years last birthday) 13	10. UNDER 1 YEAR Months 13	11. UNDER 4 HRS. Hours 13 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Howard Thurman		13b. MOTHER'S MAIDEN NAME Peggy Jean Clarke		14. NAME OF HUSBAND OR WIFE none	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Clarke - 1118 E. Brower			ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Premature birth (6 Mo.)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 24 hrs.		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			DUPLICATE (b)			DUPLICATE (c)		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			776X		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 18 May, 1949, to 18 May, 1949, that I last saw the deceased alive on 18 May, 1949, and that death occurred at 3:25 p.m., from the causes and on the date stated above.

22a. SIGNATURE Dorothy E. Knott, M.D.		22b. ADDRESS 1216 30th. Jefferson		22c. DATE SIGNED 18 May 49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/19/49	24c. NAME OF CEMETERY OR CREMATORY East Lawn	24d. LOCATION (City, town, or county) (State) Springfield, Mo.		
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DATE REC'D BY LOCAL REG 5-20-49	REGISTRAR'S SIGNATURE W. L. Handley M.D.	25. FUNERAL DIRECTOR'S SIGNATURE W. C. Thiem				ADDRESS Springfield, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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266

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.....

Was not Embalmed

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Ralph H. Thorne

Licensed Embalmer No.

3681

P. O. Address.....

Springfield, W

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.