

3. No. 300  
V. 10.48

FILED JUL 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20018

0451  
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 302d Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>	c. LENGTH OF STAY (In this place) <u>1 yr.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Armstrong</u> <u>0450</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lynch</u>	b. (Middle) <u>-</u>	c. (Last) <u>Thurman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 28, 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, MARRIED OR DIVORCED <u>MARRIED</u>	8. DATE OF BIRTH <u>Sept. 4, 1863</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR <u>0</u> MONTHS <u>0</u> DAYS <u>0</u>	IF UNDER 24 HOURS <u>0</u> MIN. _____
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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>Farm Owner</u>	11. BIRTHPLACE (State or foreign country) <u>Richmond Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Archie A. Thurman</u>	13b. MOTHER'S MAIDEN NAME <u>Cynthia Bailey</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret Crews</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Farris Thurman</u> ADDRESS <u>Fayette, Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Int. obstruction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>adhesions - post-operative</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>5705</u>

19a. DATE OF OPERATION <u>5-27-50</u>	19b. MAJOR FINDINGS OF OPERATION <u>adhesions</u>	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 May 24, 1950 to May 28, 1950 that I last saw the deceased alive on May 24, 1950, and that death occurred at 6 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Death or title) <u>M. Sheehy M.D.</u>	23b. ADDRESS <u>Fayette Mo</u>	23c. DATE SIGNED <u>5-31-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/30/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Shade Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Armstrong, Mo</u>
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DATE REC'D BY LOCAL REG. <u>5-31-50</u>	REGISTRAR'S SIGNATURE <u>Mary K. Sheehy</u> <u>436</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Felix A. Carr</u> ADDRESS <u>Fayette, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUN 7

District Health Officer No. 6,

District File Number

Date Filed 7-7-50

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

Joseph A. Carr

Licensed Embalmer No. 3340

Signed Student Embalmer

P. O. Address Fayette 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 this body is not embalmed, fact should be so stated above.