

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12058**

FILED MAY 7 1951

BIRTH NO. _____ REG. DIST. NO. **96** PRIMARY REG. DIST. NO. **5356** Registrar's No. **96**

300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Dallas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY Dallas	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Wilson		c. CITY (If outside corporate limits, write RURAL and give township) Rural Wilson	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Long Lane, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Daisy		b. (Middle) Martha		c. (Last) Thurman		4. DATE OF DEATH (Month) (Day) (Year) April 25-1951	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) D 3		8. DATE OF BIRTH 4-17-1		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. 79 0 8	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MO		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Wm Morkin		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Will Thurman	
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. 1		17. INFORMANT'S SIGNATURE OR NAME Rex Thurman Long Lane, Mo.	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral insufficiency		INTERVAL BETWEEN ONSET AND DEATH unknown
	ANTECEDENT CAUSES DUE TO (b) Chronic endocarditis		
	DUE TO (c)		
11. 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 +410 X		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 April 20, 1951, to April 25, 1951, that I last saw the deceased alive on April 20, 1951, and that death occurred at 2 A m., from the causes and on the date stated above.

23a. SIGNATURE J. B. Jones		23b. ADDRESS Buffalo, Missouri		23c. DATE SIGNED 4-28-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 4-27-51		24c. NAME OF CEMETERY OR CREMATORY Morkin		24d. LOCATION (City, town, or county) (State) Ketchikan Co. Mo.	
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DATE REC'D BY LOCAL REG. 4/30-51		REGISTRAR'S SIGNATURE Miss J. B. Jones		25. FUNERAL DIRECTOR'S SIGNATURE Montgomery Kighan		ADDRESS Buffalo, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED MAY 2 1951

Dist. File 537-956

Date Filed 5-2-51

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Blyde Montgomery.....

Licensed Embalmer No. 3592.....

P. O. Address Buffalo, 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.