

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44292

State File No.

S. No. 300

v. 10. 48

FILED JAN 16 1952

BIRTH NO. REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 6275 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Worth</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Grant City Rural</u> c. LENGTH OF STAY (in this place) <u>All Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Grant City Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>East of City 4 mile North</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Archie</u> b. (Middle) <u>Lee</u> c. (Last) <u>Thurman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 24-51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec 25-1934</u>
9. AGE (In years last birthday) <u>17</u>	10. MONTHS <u>8</u>	11. DAYS <u>29</u>	12. HOURS <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer on Farm</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (State or foreign country) <u>Worth County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>James Thurman</u>		13b. MOTHER'S MAIDEN NAME <u>Elba Roach</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James Thurman Grant City Mo</u> ADDRESS <u>Grant City Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>strangulation</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Auto accident</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>fracture left clavicle, fracture fracture front rib left, cervical vertebra</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES ☐ NO ☒		21. DATE OF OPERATION	
21a. ACCIDENT (Specify) <u>suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>highway, gravel</u>	
21c. (CITY, TOWN, OR TOWNSHIP) <u>Grant City</u> (COUNTY) <u>Worth</u> (STATE) <u>Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? <u>auto turned over side on very road</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:30 PM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Frank B. Matteson</u> (Degree or title) <u>md</u>		23b. ADDRESS <u>Grant City, Mo</u>	
23c. DATE SIGNED <u>11-28-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Nov 26-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kirk Cemetery</u>	
24d. LOCATION (City, town, or county) <u>Alfredale Mo</u>		24e. LOCATION (City, town, or county) <u>Alfredale Mo</u>	
DATE REC'D BY LOCAL REG. <u>January 11 1952</u>		REGISTRAR'S SIGNATURE <u>E. Dawson</u>	
FURNERAL DIRECTOR'S SIGNATURE <u>John Anderson</u>		ADDRESS <u>Grant City Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

John Andrews Student Embalmer No. _____
working under my personal supervision.

Student _____
Student Embalmer

Signed _____

John Andrews
Licensed Embalmer No. *4211*

P. O. Address *Grant City 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.