

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8953

State File No.

FILED MAR 26 1952

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 39

0550

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

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mount Vernon,</u>		c. LENGTH OF STAY (in this place) <u>740 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Republic</u>		0390
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Sanatorium</u>			d. STREET ADDRESS (If rural, give location) <u>/</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillie</u> b. (Middle) <u>Mae</u> c. (Last) <u>Thurman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 22, 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9-16-80</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13a. FATHER'S NAME <u>Johnson Nance</u>		13b. MOTHER'S MAIDEN NAME <u>Parker</u>	14. NAME OF HUSBAND OR WIFE <u>Ollie Thurman (Deceased).</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruby Ann (Wilson) Peck, Mt. Vernon, Mo.</u>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis</u> abt. <u>16 yrs.</u>				
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
	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 <u>002X</u>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>3-12-</u> <u>1950</u> , to <u>3-22-</u> <u>1952</u> that I last saw the deceased alive on <u>3-22-</u> <u>1952</u> , and that death occurred at <u>12:02 Pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>C. A. Bauer M.D.</u> (Degree or title)		23b. ADDRESS <u>Mo. State Sanatorium, Mount Vernon, Missouri.</u>		23c. DATE SIGNED <u>3-22-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 25, 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Woda</u>	24d. LOCATION (City, town, or county) (State) <u>Republic Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3-24-52</u>	REGISTRAR'S SIGNATURE <u>Cecil Hendrick</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Max L. Forett</u>	ADDRESS <u>Republic, Mo.</u>	

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.

Student
Student Embalmer

Signed John A. McTabb.....

Licensed Embalmer No. 4635.....

P. O. Address Republic, 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.