

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **1252**

FILED JAN 12 1953 BIRTH NO. REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **5506** Registrar's No. **10**

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

1. PLACE OF DEATH a. COUNTY <b>Henry</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Clinton Twp</b>		c. LENGTH OF STAY (In this place) <b>26 mo</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Clinton Twp. 8420</b>		d. STREET ADDRESS (If rural, give location) <b>Clinton Twp.</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Clinton Twp</b>					
3. NAME OF DECEASED (Type or Print) <b>CHARLES EDWARD THURMAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1-1-53</b>		
5. SEX <b>Male</b>	6. COLOR OF RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>5-9-1911</b>		9. AGE (In years last birthday) <b>41</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>James</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>CHARLES E THURMAN</b>		13b. MOTHER'S MAIDEN NAME <b>MINNIE F TIPTON</b>		14. NAME OF HUSBAND OR WIFE <b>IDA MAE THURMAN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>Yes</b> (If yes, give year & dates of service) <b>World War II</b>		16. SOCIAL SECURITY NO. <b>548-20-6559</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ida Mae Thurman</b> ADDRESS <b>Clinton Mo</b>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Nerve damage due to gun shot wound</b> ANTECEDENT CAUSES <b>None</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>-</b> DUE TO (c) <b>Pt is drawing 50% disability for nervous disease</b> II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <b>-</b>			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>E976X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT - SUICIDE - HOMICIDE (Specify) <b>Gun shot</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>X</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Clinton Mo Henry Mo</b>		
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?		
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 <b>3:30 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Edw. R. Tipton</b> (Degree or title) <b>Dr. Med. Lic.</b>			23b. ADDRESS <b>Clinton Mo</b>		23c. DATE SIGNED <b>Jan 1953</b>
24a. BURIAL - CREMATION - REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-4-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Englewood</b>	24d. LOCATION (City, town, or county) (State) <b>Clinton Mo</b>	
DATE REC'D BY LOCAL REG. <b>Jan 4-53</b>		REGISTRAR'S SIGNATURE <b>Florence Odave</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Hickman &amp; Dunning</b> ADDRESS <b>Clinton Mo</b>	

FEB 17 1955

JAN 2 1955

JAN 14 1955

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 Robert L. Dunphy

Licensed Embalmer No. 4710

P. O. Address Clinton 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.