

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9048

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 142

1143
1

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

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY OR TOWN <u>Fulton</u>		c. CITY OR TOWN <u>Fulton</u>	
c. LENGTH OF STAY (in this place township) <u>20 years</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>305 W. 7th Street</u>		e. STREET ADDRESS (If rural, give location) <u>305 W. 7th Street</u> <u>0143</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ulla</u> b. (Middle) <u>Thurmond</u> c. (Last) <u>Thurmond</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 5, 1953</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>June 19, 1875</u>
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>7</u>	
IF UNDER 1 YEAR Hours <u>7</u> Min. <u>7</u>		IF UNDER 1 HR. Hours <u>7</u> Min. <u>7</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Mexico Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Maurice Mann</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah F. Easley</u>	
14. NAME OF HUSBAND OR WIFE <u>Ben Thurmond</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>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Delia Mann</u>		ADDRESS <u>Fulton Missouri</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, ashenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute obstructive uremia</u> ANTECEDENT CAUSES DUE TO (b) <u>Metastatic postoperative Carcinoma</u> DUE TO (c) <u>uterine Fibroids</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u> <u>9 mo.</u> <u>30 to 40 yrs</u>
19a. DATE OF OPERATION <u>11/3/1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>uterine Carcinoma</u>	
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) _____		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>June 28</u> , 19 <u>48</u> , to <u>Apr 5</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Apr 4</u> , 19 <u>53</u> , and that death occurred at <u>7:55 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Lloyd E. Hitchcock, M.D.</u> (Degree or title)		23b. ADDRESS <u>Fulton, Missouri</u>	
23c. DATE SIGNED <u>4/7/1953</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 6, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest</u>		24d. LOCATION (City, town, or county) (State) <u>Fulton Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 11-1953</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>426-0</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Margie Funnell</u>		ADDRESS <u>Home Fulton Mo</u>	

APR 8 1954

JUL 27 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.....
Signature of Student Embalmer

Signed *J. P. Ross*.....

Licensed Embalmer No. *2535*

P. O. Address *.....*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.