FILED MAY 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14545

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1968

1. PLACE OF DEATH

a. COUNTY: Jackson

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City

c. LENGTH OF STAY (in this place): 2 weeks

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Research Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Oklahoma b. COUNTY: Roger Mills

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Reydon 8350

d. STREET ADDRESS (If rural, give location): Rural 8

3. NAME OF DECEASED (Type or Print): a. (First) Joseph b. (Middle) Bratcher c. (Last) Thurman

4. DATE OF DEATH: (Month) April (Day) 12 (Year) 1953

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 2

8. DATE OF BIRTH: Oct. 4, 1906

9. AGE (In years last birthday): ~~46~~ 46 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (City and State or Foreign Country): Rogermills, Oklahoma

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: B.J. Thurman

13b. MOTHER'S MAIDEN NAME: Maggie Price

14. NAME OF HUSBAND OR WIFE: - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 570-44-5430

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mr. N.H. Thurman, Raydon, Oklahoma

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma c̄ extensive metastases — INTERVAL BETWEEN ONSET AND DEATH: 10 mo.

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.* 162.X

19a. DATE OF OPERATION: 3-30-53

19b. MAJOR FINDINGS OF OPERATION: Bronchogenic Ca c̄ cervical metastase

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-28, 1953, *to* 4-12, 1953, *that I last saw the deceased alive on* 4-12, 1953, *and that death occurred at* 2:10 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: William B. Cheeseman (Degree or title) — William B. Cheeseman, M.D.

23b. ADDRESS: Missouri Professional Bldg. Kansas City,

23c. DATE SIGNED: 4-12-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 4-12-1953

24c. NAME OF CEMETERY OR CREMATORY: Chapel Hill Cemetery

24d. LOCATION (City, town, or county) (State): Near Reydon, Oklahoma

DATE REC'D BY LOCAL REG.: 4-12-53

REGISTRAR'S SIGNATURE: Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: H.W. Newcomer's Son Kansas City Mo.

(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 _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Ethel Thomas

Licensed Embalmer No. 2640

P. O. Address Kansas City, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.