FILED MAY 18 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19972

BIRTH NO. 94033 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4567

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
c. LENGTH OF STAY (in this place) 13 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. LOUIS CHILDREN'S HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY POTOSI
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) POTOSI 1100
d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print)
a. (First) ALAN
b. (Middle) PATRICK
c. (Last) THURMOND

4. DATE OF DEATH (Month) MAY (Day) 1 (Year) 1953

5. SEX M
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0
8. DATE OF BIRTH MAY 1, 1953
9. AGE (In years last birthday) — If under 1 year: Months — Days; If under 24 hrs.: Hours 15 Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) POTOSI, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME HARRY THURMOND
13b. MOTHER'S MAIDEN NAME LEONA COLEMAN
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. —
17. INFORMANT'S SIGNATURE OR NAME Barbara Britton — **ADDRESS** 500 S Kingshighway

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) Prematurity, 1600 gms. — INTERVAL BETWEEN ONSET AND DEATH

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
20. AUTOPSY? YES [X] 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? 776X

22. *I hereby certify that I attended the deceased from* MAY 1, 1953, *to* MAY 1, 1953, *that I last saw the deceased alive on* May 1, 1953, *and that death occurred at* 8:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Don L Thurston (Degree or title) MD
23b. ADDRESS Children's Hospital
23c. DATE SIGNED 5-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Buried
24b. DATE 5-4-53
24c. NAME OF CEMETERY OR CREMATORY Old Mines Catholic Cem.
24d. LOCATION (City, town, or county) Washington Co. (State) Mo.

DATE REC'D BY LOCAL REG. MAY 5 1953
REGISTRAR'S SIGNATURE J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Mrs Luther Sparks **ADDRESS** Potosi Mo.
(Licensed Embalmer's Statement on Reverse Side)

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

Not Embalmed

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.

Sparks Funeral Ho

Student .....
Student Embalmer

Signed .....

Potosi, Mo.

Licensed Embalmer No. .....

P. O. Address .....

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

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