

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20541**

300
48
FILED MAY 21 1953

BIRTH NO. _____		REG. DIST. NO. 364	PRIMARY REG. DIST. NO. 6248	Registrar's No. 35
1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institutional: residence before admission). a. STATE Missouri b. COUNTY Washington		
b. CITY OR TOWN Richwoods Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richwoods Twp. 1100		
c. LENGTH OF STAY (in this place) 20 yrs.		d. STREET ADDRESS (If rural, give location) Richwoods 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION Richwoods				
3. NAME OF DECEASED (Type or Print) John		a. (First) John	b. (Middle) W.	c. (Last) Thurman
4. DATE OF DEATH (Month) (Day) (Year) MAY 7 '53				
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 11 1871	9. AGE (in years last birthday) 82
10a. USUAL OCCUPATION (His kind of work done during most of working life, even if retired) Tuff miner		10b. KIND OF BUSINESS OR INDUSTRY mining	11. BIRTHPLACE (State or foreign country) unknown	12. CITIZEN OF WHAT COUNTRY? U. S
13a. FATHER'S NAME John Thurman		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Bessie Thurman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Bessie Thurman ADDRESS Richwoods Mo	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vasculer Accident INTERVAL BETWEEN ONSET AND DEATH 5 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) near home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Richwoods Washington Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 7 53 A.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Pt. fell - with head hitting ground	
22. I hereby certify that I attended the deceased from May 3 , 1953 to May 4 , 1953, that I last saw the deceased alive on May 4 , 1953, and that death occurred at 10:30 P.m. , from the causes and on the date stated above.				
23a. SIGNATURE Thomas N. Posey, Jr. (Degree or title) M.D.		23b. ADDRESS Edgar Building De Soto Mo	23c. DATE SIGNED 5/8/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-9-53	24c. NAME OF CEMETERY OR CREMATORY Horine	24d. LOCATION (City, town, or county) (State) Richwoods Mo.
DATE REC'D BY LOCAL REG. 5/13/53		REGISTRAR'S SIGNATURE H. L. ...	25. FUNERAL DIRECTOR'S SIGNATURE W. Kittell ADDRESS St. Clair Mo.	

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

RECEIVED

MAY 19 1952

WASH. COUNTY HEALTH DEPT.

File No. 553-540

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Sherwood W. Mitchell

Signed.....
Student Embalmer

Licensed Embalmer No. 3873

P. O. Address St Clair M

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.