

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

21220

State File No.

No. 300
10.48 F

ED JUL 6 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>112</u>		PRIMARY REG. DIST. NO. <u>5431</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Tipton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Tipton</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Central</u>		c. LENGTH OF STAY (in this place) <u>years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Central</u>		3600		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Clair - 241</u>				d. STREET ADDRESS (If rural, give location) <u>St. Clair - 241</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wora</u> b. (Middle) <u>F</u> c. (Last) <u>Raday</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-28-53</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>6-1-1873</u>	9. AGE (In years last birthday) <u>80</u>	<u>0</u> MONTHS	<u>27</u> DAYS	IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Handsewing - Handsewing</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Stanton MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Patric Thurmond</u>			13b. MOTHER'S MAIDEN NAME <u>Melissa Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>John</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>40</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Woodbury St. Clair</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Stomach - one year</u> 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 <u>Arteriosclerosis</u>	19. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>151 X</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>10-11-1952</u> to <u>6-28-53</u> , that I last saw the deceased alive on <u>6-28-1953</u> , and that death occurred at <u>9:25 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W. E. Mitchell</u> (Degree or title) _____				23b. ADDRESS <u>St. Clair</u>		23c. DATE SIGNED <u>6/29</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/5/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo</u>		
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE <u>William C. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>William C. ... St. Clair Mo</u>				

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

360

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 _____

Licensed Embalmer No. 3673

P. O. Address H. Clair, 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.