

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 18 1953

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4305 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>one Donald</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>one Donald</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Anderson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Anderson</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>4th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>not in Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>JANE</u> c. (Last) <u>THURMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-3-1953</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, () WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>6-14-1888</u>		9. AGE (In years last birthday) OF UNDER 1 YEAR Months <u>65</u> Days <u>5</u> Hours <u>19</u> Min. <u>1</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (State or foreign country) <u>Anderson, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>Joseph P. Thurman</u>		13b. MOTHER'S MAIDEN NAME <u>Orange C. Mitchell</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>	
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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>499-09-7134</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Taylor Anderson, Mo.</u>		ADDRESS	
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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>Adeno carcinoma of larynx</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Adeno carcinoma of larynx</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>18 months</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>170 X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 10/12/53 19, to 12/3/53 19, that I last saw the deceased alive on 12/1/53 19, and that death occurred at 1:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. J. Anderson Missouri</u>		23b. ADDRESS		23c. DATE SIGNED <u>12/5/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-6-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anderson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Anderson Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>12-5-53</u>		REGISTRAR'S SIGNATURE <u>Mayne Humphreys</u>		423		25. FUNERAL DIRECTOR'S SIGNATURE <u>Humphreys and Anderson, Mo.</u>		ADDRESS	
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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 me

..... Student Embalmer No. ✓

working under my personal supervision.

Student
Student Embalmer

Signed R.E. Cheatham

Licensed Embalmer No. 3819

P. O. Address Anderson

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.