

STANDARD CERTIFICATE OF DEATH

FILED DEC 28 1953

0732
0

BIRTH NO. <u>96841</u>		REG. DIST. NO. <u>245</u>	PRIMARY REG. DIST. NO. <u>3047</u>	Registrar's No. <u>119</u>
1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>		c. CITY OR TOWN <u>Neosho</u>	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>4 1/2 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>412 Coler</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sales Memorial Hosp</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Melvin</u> b. (Middle) <u>Glenn</u> c. (Last) <u>Thurston</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 13 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>Dec 13 1953</u>	9. AGE (In years last birthday) Months Days <u>0 0 0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>child</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Neosho Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Melvin K. Thurston</u>		13b. MOTHER'S MAIDEN NAME <u>Ruby Sanders</u>	14. NAME OF HUSBAND OR WIFE <u>Child</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Melvin K. Thurston</u> ADDRESS <u>Neosho</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Birth</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) _____		INTERVAL BETWEEN ONSET AND DEATH
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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>776 X</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>15</u>		
22. I hereby certify that I attended the deceased from <u>Dec 13, 1953</u> , to <u>Dec 13, 1953</u> , that I last saw the deceased alive on <u>Dec 13, 1953</u> , and that death occurred at <u>5:00 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Neosho Mo</u>	23c. DATE SIGNED <u>Dec 18</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-14-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HOWARD Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Goodman, Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-18-53</u>	REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>2230</u> ADDRESS <u>CLARK-BIGHAM</u>	<u>Neosho</u>	

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 1253-232

Date Filed DEC 24 1953

NEOSHO, MISSOURI

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.....
Signature of Student Embalmer

Not Embalmed

Signed Jesse O. Sullivan, Jr.
Licensed Embalmer No. 4646

P. O. Address Neosho, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.