

FILED JUN 7 1954

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

State File No. **16550**

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>395</u>	
1. PLACE OF DEATH a. COUNTY <u>LINN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BROOKFIELD</u>		c. LENGTH OF STAY (in this place) <u>1 1/2 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRUNSWICK</u>		d. STREET ADDRESS (If rural, give location) <u>0210</u> <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DOCTOR'S HOSPITAL</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>THURMAN</u> b. (Middle) <u>F.</u> c. (Last) <u>GRACE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5</u> <u>29</u> <u>1954</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>11-25-1888</u>	
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DAY WORK</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>KEYTESVILLE MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>FRANK GRACE</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH THOMPSON</u>		14. NAME OF HUSBAND OR WIFE <u>LETHA GRACE</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS MOSE GRACE BRUNSWICK MO</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>Multiple Skull lacerations</u> ANCECEDENT CAUSES DUE TO (b) <u>Massive hemorrhage</u> <i>Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.</i> DUE TO (c) <u>Acute cardiac collapse</u> II. OTHER SIGNIFICANT CONDITIONS <u>Medicinal & Therapeutic</u> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>Terminal</u> <u>Terminal</u>	
19a. DATE OF OPERATION <u>May 27/54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Multiple skull lacerations, extensive hemorrhage</u>				20. AUTOPSY? - YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Brunswick Chariton Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 27 54 10p.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Inflicted by another party.</u>			
22. I hereby certify that I attended the deceased from <u>May 27 19 54</u> , to <u>May 29 1954</u> , that I last saw the deceased alive on <u>May 29 19 54</u> , and that death occurred at <u>10:45 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Brunswick, Missouri</u>		23c. DATE SIGNED <u>June 1/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-31-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CITY</u>		24d. LOCATION (City, town, or county) (State) <u>BRUNSWICK MO</u>	
DATE REC'D BY LOCAL REG. <u>6-3-54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Brunswick MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 29 1957

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

L. W. Merrill

Licensed Embalmer No. *823*

P. O. Address

Brunswick N.

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.