FILED AUG 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28733

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 236

1. PLACE OF DEATH
a. COUNTY: St.Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Farmington Rural St.Francois
c. LENGTH OF STAY (In this place): 4Yr.;4M;1day.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri State Hospital No.4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St.Francois
c. CITY OR TOWN: Desloge
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 0940 D

3. NAME OF DECEASED (Type or Print)
a. (First): MARION
b. (Middle):
c. (Last): THURMAN

4. DATE OF DEATH (Month) (Day) (Year): July 23, 1954

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 3, 1869
9. AGE (In years last birthday): 85 — If under 1 year: Months 4, Days 20 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpentry
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): St. Francois Co., Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Joshua Thurman
13b. MOTHER'S MAIDEN NAME: Eleanor League
14. NAME OF HUSBAND OR WIFE: Eleanora Wisdom

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Records, State Hospital No. 4, Farmington, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitus, generalized - - - - - - - - abt.5 das.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Perforation of the rectal sigmoid junction - - - - - - - - - - - - - - - 5 das.
DUE TO (c) Carcinoma of the rectal sigmoid junction - - - - - - - - - - - - - - - 1 Yr.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Psychosis with cerebral arteriosclerosis.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 15-4X
20. AUTOPSY? YES [ ] NO [X]

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) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 18, *19* 52, *to* July 23, *19* 54, *that I last saw the deceased alive on* July 23, *19* 54 *and that death occurred at* 9:15A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: State Hospital No. 4, Farmington, Mo.
23c. DATE SIGNED: 7-24-54.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 24, 1954
24c. NAME OF CEMETERY OR CREMATORY: Parkview Cem.
24d. LOCATION (City, town, or county) (State): St.Francois Co., Mo.

DATE REC'D BY LOCAL REG.: July 24, 1954
REGISTRAR'S SIGNATURE: Esther Rudolph
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: B. T. Boyer Leadwood Mo

(Licensed Embalmer's Statement on Reverse Side)

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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed B. T. Boyer

Licensed Embalmer No. 3

P. O. Address Desloge

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.