No. 300
10.48

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

FILED FEB 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 773

BIRTH NO. _____ REG. DIST. NO. 113 PRIMARY REG. DIST. NO. 5431 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Prairie Twp.
c. LENGTH OF STAY (in this place): 70 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lonedell Route 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN: Lonedell
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): Prairie Twp. Lonedell Rt. 0360

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): M
c. (Last): Thurmond

4. DATE OF DEATH (Month) (Day) (Year): Feb. 7 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 29, 1883
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months | Days — IF UNDER 24 HRS.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY: Blacksmith Shop
11. BIRTHPLACE (City and State or Foreign Country): Lonedell, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: C.W. Thurmond
13b. MOTHER'S MAIDEN NAME: Alice Cardwell
14. NAME OF HUSBAND OR WIFE: Eva Thurmond
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.: 490-28-6426
17. INFORMANT'S SIGNATURE OR NAME: Eva Thurmond
ADDRESS: Lonedell, 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) Cancer of Prostate and

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Mesentery

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: one year

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
177X
20. AUTOPSY? YES ☐ NO ☒

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* 1-11-, 1955, *to* 2-7-, 1955, *that I last saw the deceased alive on* 2-6, 1955, *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J.W. E. Kelchell M.D.
23b. ADDRESS: St. Clair - Mo
23c. DATE SIGNED: 2-8-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 10-55
24c. NAME OF CEMETERY OR CREMATORY: Prospect Cemetery
24d. LOCATION (City, town, or county) (State): Lonedell, Mo.

DATE REC'D BY LOCAL REG.: 2-9-55
REGISTRAR'S SIGNATURE: Riley L. Williams
25. FUNERAL DIRECTOR'S SIGNATURE: Casey & Lenot
ADDRESS: St. Clair, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed K. M. Lenox.....

Licensed Embalmer No. 364

P. O. Address St. Cloud,

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