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FILED OCT 11 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32004**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **352** PRIMARY REG. DIST. NO. **6189** Registrar's No. **76**

1. PLACE OF DEATH a. COUNTY <b>TANEY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>TANEY</b>	
b. CITY (If outside corporate limits, write RURAL and give A township) OR TOWN <b>Forsyth</b>		c. CITY OR TOWN <b>rural Forsyth</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <del>FRANK</del> <b>Home</b>		e. STREET ADDRESS (If rural, give location) <b>rural Home 1000</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>FRANK</b> b. (Middle) <b>Albert</b> c. (Last) <b>Thurston</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 3 1955</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Aug 6, 1902</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>27</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>chef</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>grocery clerk</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>Elmer Thurston</b>	13b. MOTHER'S MAIDEN NAME <b>Cora McCann</b>	14. NAME OF HUSBAND OR WIFE <b>Kay Thurston</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>480-07-8472</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Kay Thurston</b>	ADDRESS <b>Forsyth Mo</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>hemorrhage of lungs</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 mo</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Carcinoma of Lymph Nodes 1 1/2 yrs 1981</b>		
	DUE TO (b) _____ DUE TO (c) <b>Don't know</b>		
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 <b>none</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Natural Causes</b>	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 **10-3**, 19**55**, to **10-3**, 19**55**, that I last saw the deceased **Alive on 10-3**, 19**55**, and that death occurred at **1 AM**, from the causes and on the date stated above.

23a. SIGNATURE <b>Sally Forsyth Cannon</b>	23b. ADDRESS <b>Drummond Mo</b>	23c. DATE SIGNED <b>10-4-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10-5-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Frazier Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Clover, Mo</b>
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DATE REC'D BY LOCAL REG. <b>10/15/55</b>	REGISTRAR'S SIGNATURE <b>Deleu Campbell</b>	514 FUNERAL DIRECTOR'S SIGNATURE <b>Joseph Funnell</b>	ADDRESS <b>Forsyth</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 21 1956

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

Signed..... *Walter S. Cobb* .....

Licensed Embalmer No..... *47* .....

P. O. Address..... *Jeunith* .....

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.