

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032023
STATE FILE NUMBER

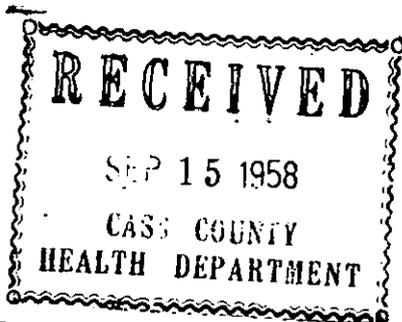
FILED SEP 16 1958 Registration District No. 59 Primary Registration District No. 5217 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Archie (Austin Twp.)		c. CITY OR TOWN Archie R.F.D. 1 0190	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D. 1		d. STREET ADDRESS (If outside, give location) Rural (Austin Twp.)	
3. NAME OF DECEASED (Type or print) First Middle Last William David Thurman		4. DATE OF DEATH Month Day Year Sept. 2, 1958	
5. SEX M. ^c	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 1, 1883
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		11. BIRTHPLACE (City and state or country) Licking, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME David Thurman		13b. MOTHER'S MAIDEN NAME Malinda (unknown)	14. NAME OF HUSBAND OR WIFE Minna Thurman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 489-44-2939	17. INFORMANT Frank B. Thurman Address Archie, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>ARTERIOSCLEROTIC HEART DISEASE</u>			INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>Diabetes Mellitus</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>✓</u>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <u>Aug 23, 1953</u> to <u>Sept. 2, 1958</u> and last saw her alive on <u>Sept. 1, 1958</u> Death occurred at _____ m of the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title) MD		22b. ADDRESS <u>Harrisonville Mo.</u>	
22c. DATE SIGNED <u>4 Sept 1958</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 9/4/58	
23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem		23d. LOCATION (City, town, or county) Pleasant Hill, Missouri	
24. FUNERAL DIRECTOR Brownfield-Stanley		25. DATE RECD. BY LOCAL REG. Sept 8, 1958	
ADDRESS Pleasant Hill, Mo.		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.



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 Wm J Cantrell, Student Embalmer No. 5008 working under my personal supervision.

Student Wm J Cantrell
Signature of Student Embalmer

Signed Raymond C Stanley

Licensed Embalmer No. 5008

P. O. Address Pleasant Hill

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.