

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033180

FILED VS OCT 7 1959

STATE FILE NUMBER

Registration District No. 58-246 Primary Registration District No. 2-26 Registrar's No. 454

ENDED

1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Newton			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shoal Creek Twn.		Length of stay in 1b 60 Years		c. CITY OR TOWN Joplin		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Saginaw			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RFD # 2(Saginaw)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last James William Thurman				4. DATE OF DEATH Month Day Year Sept 19 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 26 Oct 1864	9. AGE (last birthday) 94	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brakeman		10b. KIND OF BUSINESS OR INDUSTRY Frisco Railroad		11. BIRTHPLACE (City and state or country) Concord, Missouri		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME John Thurman			13b. MOTHER'S MAIDEN NAME Sallee		14. NAME OF HUSBAND OR WIFE May Thurman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. -----		17. INFORMANT Address Mrs. May Thurman Joplin, 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) Valvular Heart Lesion							INTERVAL BETWEEN ONSET AND DEATH ..
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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.)					
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Aug 7-1959 , to Sept 8-1959 and last saw him alive on Sept 5 1959 Death occurred at 10:55 A. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE John W. Douglas M.D.			22b. ADDRESS 2102 West 82nd Joplin Mo			22c. DATE SIGNED 9/21/59	
23a. BURIAL (Specify) Buried	23b. DATE 22 Sept 1959	23c. NAME OF CEMETERY OR CREMATORY Saginaw Cemetery		23d. LOCATION (City, town, or county) Newton County Missouri		23e. (State)	
24. FUNERAL DIRECTOR Hurlbut Glover Mortuary Joplin			25. DATE RECD. BY LOCAL REG. 9-26-59		26. REGISTRAR'S SIGNATURE Noel Merriam		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *L. A. G.*

Licensed Embalmer No. 459

P. O. Address Joplin

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.