

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005777

FILED VS FEB 24 1960

Registration District No. 114 Primary Registration District No. 4186 543.2 Registrar's No. 6

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Franklin				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Meramec Township		Length of stay in 1b 40 years		c. CITY OR TOWN Sullivan Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rural			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rural			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Ethel Middle Ora Last Thurmond				4. DATE OF DEATH Month Feb. Day 17 Year 1960				
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH April 19	9. AGE (last birthday) 75	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) House-wife		10b. KIND OF BUSINESS OR INDUSTRY none		11. PLACE (City and state or country) Samsel Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME James Gann			13b. MOTHER'S MAIDEN NAME Margaret Robertson			14. NAME OF HUSBAND OR WIFE Charles Thurmond		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Crystal Brown Sullivan 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) Pulmonary Embolus							INTERVAL BETWEEN ONSET AND DEATH Immediate	
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) Had asthma all her life						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 checked="" 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 8/13/55 to 2/17/60 and last saw her live on 2/10/60 Death occurred at 4:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Ronald J. Leath				22b. ADDRESS Sullivan Mo			22c. DATE SIGNED 2/18/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-19-1960	23c. NAME OF CEMETERY OR CREMATORY Cave Spring		23d. LOCATION (City, town, or county) (State) Franklin County Mo.				
24. FUNERAL DIRECTOR Thos. P. Shaffer Sullivan Mo.				25. DATE RECD. BY LOCAL REG. 2/18/60		26. REGISTRAR'S SIGNATURE Thomas A. Humphrey		

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 Pho. P. Shaffer

Licensed Embalmer No. 2692

P. O. Address Sullivan

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.