

JR. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 6 1960

-60-025577

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 136 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Length of stay in 1b 18 years		c. CITY OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 818 North Main			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Samuel Middle Robert Last Thurman				4. DATE OF DEATH Month June Day 25 Year 1960			
5. SEX M	6. COLOR OR RACE Wh	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH February 10 1901	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bridge and Bldg. Supervisor			10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Floyd County, Virginia		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Melvin Thurman			13b. MOTHER'S MAIDEN NAME Lehlia Canady		14. NAME OF HUSBAND OR WIFE Lorena Thurman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.	17. INFORMANT Address Missouri Mrs. Lorena Thurman, 818 N. Main, Nevada,			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion							INTERVAL BETWEEN ONSET AND DEATH Sudden
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) Bronchial Asthma.						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 checked="" 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.) none			
20c. TIME OF INJURY _____ Hour _____ Month, Day, Year _____ a.m. _____ p.m.							
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 Nevada		COUNTY Vernon	STATE Mo
21. I attended the deceased from June 24/60 to June 25/60 and last saw him alive on June 24/60 . Death occurred at 5 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE W. Love (D, agree or title)				22b. ADDRESS Nevada, Mo.			22c. DATE SIGNED 6/30/60 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 28, 1960	23c. NAME OF CEMETERY OR CREMATORY Wichita Park Cemetery		23d. LOCATION (City, town, or county) Wichita Kansas		
24. FUNERAL DIRECTOR Ferry Funeral Home Nevada, Missouri ADDRESS _____				25. DATE RECD. BY LOCAL REG. 7-2-1960		26. REGISTRAR'S SIGNATURE Anna E. Ferry	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 7 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *L. Douglas Ferry*

Licensed Embalmer No. 4960

P. O. Address Nevada

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