

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 22 1960

=60-029594

ENDED

Registration District No. 30 Primary Registration District No. 5102 Registrar's No. 30

STATE FILE NUMBER

|  |  |   |  |  |  |   |   |  |       |  |
|--|--|---|--|--|--|---|---|--|-------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>BENTON</b>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MO.</b> b. COUNTY <b>BENTON</b> |  |   |   |  |       |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>WARSAW (RURAL)</b>   |  | Length of stay in 1b<br><b>40 YRS</b>   |  | c. CITY OR TOWN <b>WARSAW</b>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   |  |       |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>10 MI. S.E. WARSAW</b>   |  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  | d. STREET ADDRESS (If outside, give location)<br><b>FRISTOE TOWNSHIP</b>         |   | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |       |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>DELLA</b> Middle <b>LAY</b> Last <b>HAZEL</b>  |  |   |  | 4. DATE OF DEATH<br>Month <b>AUG.</b> Day <b>18</b> Year <b>1960</b>   |  |   |   |  |       |  |
| 5. SEX<br><b>FEMALE</b>  | 6. COLOR OR RACE<br><b>WHITE</b>       | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>OCT. 2, 1898</b>  | 9. AGE (last birthday)<br><b>61</b>  | IF UNDER 1 YEAR<br>Months <b>9</b> Days <b>18</b>   | IF UNDER 24 HR<br>Hours <b></b> Min. <b></b>  |  |       |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>HOUSEWIFE</b>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>HOME</b>                                     |  | 11. BIRTHPLACE (City and state or country)<br><b>BENTON CO. MO.</b>              |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |  |       |  |
| 13a. FATHER'S NAME<br><b>CHARLES EDWARD THURMAN</b>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>MINNIE TIPTON</b>                                    |  |  | 14. NAME OF HUSBAND OR WIFE<br><b>LEWIS HAZEL</b>   |   |  |       |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>   |  |   | 16. SOCIAL SECURITY NO.<br><b>499-40-2745</b>  |  | 17. INFORMANT<br><b>LEWIS HAZEL</b>  |   |   | Address<br><b>WARSAW MO</b>                      |       |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>THYROTOXIC CRISIS WITH AURICULAR FIBRILLATION</b>   |  |   |  |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>4 HR</b>                                       |  |       |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>THYROTOXICOSIS</b>   |  |   |  |  |  |   | <b>6 MONTHS.</b>  |  |       |  |
| DUE TO (c) <b>MALIGNANT STRUMA TERATOMA OF OVARY</b>   |  |   |  |  |  |   | <b>18 MONTHS</b>  |  |       |  |
| 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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |   |  |       |  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <b></b> Month, Day, Year <b></b><br>a.m. <b></b> p.m. <b></b>  |  |   |  |  |  |   |   |  |       |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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 <b>MARCH, 1, 1958</b> to <b>AUG., 18, 60</b> and last saw her/him alive on <b>AUG., 17, 1960</b><br>Death occurred at <b>4:30 AM</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |  |  |   |   |  |       |  |
| 22a. SIGNATURE<br><i>Bussey DO</i>   |  |   |  |  | 22b. ADDRESS<br><b>WARSAW, MO.</b>   |   |   | 22c. DATE SIGNED<br><b>8-18-60</b>               |       |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>   | 23b. DATE<br><b>aug. 20, 1960</b>      | 23c. NAME OF CEMETERY OR CREMATORY<br><b>NEW HOME CEMETERY</b>  |  |  | 23d. LOCATION (City, town, or county) (State)<br><b>WARSAW BENTON COUNTY MO.</b> |   |   |  |       |  |
| 24. FUNERAL DIRECTOR<br><b>JOHN F. RESER</b>   |  |   |  | ADDRESS<br><b>WARSAW</b>   |  | 25. DATE RECD. BY LOCAL REG.<br><b>Aug. 19-1960</b>   |   | 26. REGISTRAR'S SIGNATURE<br><i>Joe A. Logan</i> |       |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 24 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 John E. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.