

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014397

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 109

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 1 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		Length of stay in 1b 1 Month	c. CITY OR TOWN Fulton Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Co Rest Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.F.D. 3 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Elmer Middle Thurman Last Thurman			4. DATE OF DEATH Month April Day 27 Year 1962
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/29/97
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired State Hospital #1 Employee		10b. KIND OF BUSINESS OR INDUSTRY #1 Employee	9. AGE (last birthday) 64 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11a. BIRTHPLACE (City and state or country) Big Spring, Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Joseph Thurman		13b. MOTHER'S MAIDEN NAME Belle Godley	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Marvin Poston, New Florence, Mo		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Strangulation DUE TO (b) Hanging DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Small rope around neck, body hanging	
20c. TIME OF INJURY Hour 9:30 a.m. Month, Day, Year 4/27/62		from limb of tree, feet offground approx 3-5 inches (back of Rest Home)	
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.) Back of Rest Home	20f. CITY, TOWN, OR LOCATION Fulton	COUNTY Callaway STATE Mo
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at approx 9.30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Langil C. Browning coroner		22b. ADDRESS Fulton, Mo.	22c. DATE SIGNED 4-28-62
23a. BURIAL, CREMATION, REBIVAL (Specify) Burial	23b. DATE Apr, 29, 1962	23c. NAME OF CEMETERY OR CREMATORY St. James Cemetery	23d. LOCATION (City, town, or county) (State) Big Spring Mo
24. FUNERAL DIRECTOR Browning Funeral Home, Fulton Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. April 28-1962
		26. REGISTRAR'S SIGNATURE Maretha Lawrence	

USE BLACK INK OR TYPEWRITER RIBBON

MAY 8 1962

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 Sean Dale Toedtman, Student Embalmer No. 650

working under my personal supervision.

Student Sean Dale Toedtman Signed Henry C. Browning
Signature of Student Embalmer

Licensed Embalmer No. 2724

P. O. Address Fulton, MD

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.