

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031751

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 195 Primary Registration District No. _____ Registrar's No. 61-62

1. PLACE OF DEATH a. COUNTY <u>Mc DONALD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Mc DONALD</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>LANAGAN</u>		Length of stay in lb <u>4 YRS.</u>	c. CITY OR TOWN <u>HART COMMUNITY</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>LANAGAN REST HOME</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rt. #1 SENECA, Mo.</u>

3. NAME OF DECEASED (Type or print) First Middle Last <u>BESSIE PEARL THURMAN</u>			4. DATE OF DEATH Month Day Year <u>9 1 1962</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/19/1890</u>	9. AGE (last birthday) <u>71</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME MAKING</u>	11. BIRTHPLACE (City and state or country) <u>JASPER Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
13a. FATHER'S NAME <u>JAMES MARTIN SILVEY</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH A. SURFACE</u>		14. NAME OF HUSBAND OR WIFE <u>JESSE LILBURN THURMAN</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>ALMA THURMAN - Rt. #1 SENECA, Mo.</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a) <u>Hydrostatic Pneumonia</u>	DUE TO (b) <u>Varicella</u>	
DUE TO (c) <u>Cerebral Vascular Accident</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senility</u>		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 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 1961 to 1962 and last saw her ^{her} alive on 8-31-62
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Doctor or title) <u>W. H. White, M.D.</u>		22b. ADDRESS <u>Seneca, Mo.</u>	22c. DATE SIGNED <u>9-4-62</u>
23a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>9/4/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>THOMPSON GROVE CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>NEWTON, Co. Mo.</u>

24. FUNERAL DIRECTOR
HUMPHREY FUNERAL HOME - ANDERSON, Mo.

25. DATE RECD. BY LOCAL REG. Sept 4, 1962

26. REGISTRAR'S SIGNATURE
Mary A. Bradley

VS 300 Rev. 4/59

06.00

26.00

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

SEP 6 1962

Permit issued 9/3/62

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 Douglas G. MOONEY, Student Embalmer No. 668

working under my personal supervision.

Student Douglas G. Mooney
Signature of Student Embalmer

Signed Wayne G. Woodward

Licensed Embalmer No. 5172

P. O. Address Maell, 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.