

CERTIFICATE OF DEATH

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 184

124

68 0028427

184

DO NOT WRITE
ON THIS STUB

VS 300

Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
JESSYMIN THURMAN LEWIS		Female	August 3, 1968
RACE—WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)
White		91 5 24	February 9, 1877
CITY, TOWN, OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	
Clinton		Clinton General Hospital	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
Missouri		USA	Widow
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY
499 50 0519		Housekeeper	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION
Missouri		Henry	Clinton
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
John W. Thurman Sr.		Cecelia Woodward	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
John W. Thurman Jr.		511 S. Orchard St., Clinton, Mo. 64735	
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]	
IMMEDIATE CAUSE		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) Cerebro-Vascular Accident.		1 hr.	
(b) Generalized Arteriosclerosis		many years	
(c)			
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST			
PART II. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		ALTOUSY (YES OR NO)	
Sub-capital Fracture left femur post-traumatic		No	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OF PART II, ITEM 18)
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		MONTH DAY YEAR	TO MONTH DAY YEAR
7-20-68		8-3-68	8-3-68
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		DATE OF DEATH	THE DECEASED WAS PRONOUNCED DEAD
		7-30 M.	8-3-68
CERTIFIER—NAME (TYPE OF PRINT)		SIGNATURE	DEGREE OR TITLE
Richard H. King M.D.		Richard H. King M.D.	
MAILING ADDRESS—CERTIFIER		CITY OR TOWN	STATE
106 S. 3rd		Clinton	Mo.
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME	LOCATION CITY OR TOWN STATE
Removal		Mount Vernon Cemetery	Atchison, Kansas
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS	(STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
August 7, 1968		Vansant Funeral Home	314 W. Jefferson St., Clinton, Mo. 64735
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
A.D. Vansant		Melvin Begun	Aug. 5, 1968

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

9. 1
10a. 91
10b.
11. 0
12. 2
13. 4369
14.
15. H
16.
17.
18. 0
19. CREDITS
20. 1-0

APR 15 1969

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 W. H. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, Mo.

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.

Permit Obtained 8-5-68
WHS