MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-013746
STATE FILE NUMBER

Registration District No. 319 Primary Registration District No. _____ Registrar's No. 19

FILED APR 2 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Ste Genevieve
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Farmington mo. RFD#2
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION:
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Ste Genevieve
c. CITY OR TOWN: Farmington Rt. # 2
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): RFD. # 2
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Ira Middle: Houston Last: Thurman
4. DATE OF DEATH: Month: Mar. Day: 20 Year: 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6/25/98
9. AGE (last birthday): 63
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Ste Genevieve Co.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Bud Thurman
13b. MOTHER'S MAIDEN NAME: Ada Kerlagon
14. NAME OF HUSBAND OR WIFE: Grace Hubbard Thurman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT Address: Grace Thurman Farmington Mo.Rt. 1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): INANITION — INTERVAL BETWEEN ONSET AND DEATH: 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): CHRONIC BRAIN SYNDROME — 2 years
DUE TO (c): CEREBRAL ARTERIOSCLEROSIS — 2 years
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Oct 11, 1961, to March 20, 1962 and last saw her/him alive on March 18, 1962
Death occurred at about 1 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C.W. Chastain MD
22b. ADDRESS: Farmington Mo
22c. DATE SIGNED: 3-22-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/22/62
23c. NAME OF CEMETERY OR CREMATORY: Three Rivers
23d. LOCATION (City, town, or county) (State): Near Farmington Missouri

24. FUNERAL DIRECTOR ADDRESS: C.H.COZEAN FARMINGTON MO.
25. DATE RECD. BY LOCAL REG.: 24 March 1962
26. REGISTRAR'S SIGNATURE: George F. Wood

(Licensed Embalmer's Statement on Reverse Side)

APR 3 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 _____ Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4084

P. O. Address Farmington 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.