MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026461 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6621

FILED JUN 2 8 1963

DO NOT WRITE ON THIS STUB — AMENDED

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DATE AMENDED — AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — INSTEAD OF — DOCUMENT — ITEM NO. — SHOULD READ — BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): St Louis
Length of stay in 1b: 10 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St Lukes Hospital
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: St Francois
c. CITY OR TOWN: Bonne Terre
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 28 Summit St
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Lahoma Middle: Elizabeth Last: Thurman

4. DATE OF DEATH: June 21, 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: Feb 28, 1917

9. AGE (last birthday): 46
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):

10b. KIND OF BUSINESS OR INDUSTRY: Reliance Mfg Co

11. BIRTHPLACE (City and state or country): Bonne Terre, Mo

12. CITIZEN OF WHAT COUNTRY: US

13a. FATHER'S NAME: Clestial Wells

13b. MOTHER'S MAIDEN NAME: Carrie Dunham

14. NAME OF HUSBAND OR WIFE: Malcom Thurman(dec)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): — — —

16. SOCIAL SECURITY NO.: 490-03-9445

17. INFORMANT: Mrs Elmer Black Address: 428 N. Allen Bonne Terre, Mo

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): SPONT. SUBARACHNOID HEMMORRHAGE — 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): ANEURYSM OF BASILAR ARTERY.
DUE TO (c): 330 X

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 June 12, 63 to June 21, 63 and last saw her alive on June 21, 63
Death occurred at 4:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): George E Hawkins Jr MD

22b. ADDRESS: 3720 Washington St Louis

22c. DATE SIGNED: June 24, 63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Jun 24. 1963

23c. NAME OF CEMETERY OR CREMATORY: Local

23d. LOCATION (City, town, or county) (State): Bonne Terre, Missouri.

24. FUNERAL DIRECTOR: C.Z. Boyer&Son, Inc. ADDRESS: Bonne Terre, Mo

25. DATE RECD. BY LOCAL REG.: JUN 24 1963

26. REGISTRAR'S SIGNATURE: Hoad Smith M.D

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 Harvey Kahler

Licensed Embalmer No. 4596

P. O. Address St Louis, 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.