No. 300
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FILED MAR 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9600

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 56

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moberly
c. LENGTH OF STAY (in this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mc Connell Woodland Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Monroe
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~Moberly~~ Madison O
d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print)
a. (First) Elmer
b. (Middle) Elsworth
c. (Last) Turpett

4. DATE OF DEATH (Month) (Day) (Year) Mar 4 - 49

5. SEX ~~Female~~ Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 11/30/1866
9. AGE (In years last birthday) 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME
13b. MOTHER'S MAIDEN NAME Elsie Bloodsworth
14. NAME OF HUSBAND OR WIFE Cora Adams - Turpett

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'S SIGNATURE OR NAME Ms Roy Trayithe — ADDRESS Madison Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 2 weeks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Influenza 4 wks ago

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 444X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 1, 1949, *to* March 4, 1949, *that I last saw the deceased alive on* March 3, 1949, *and that death occurred at* 7:20 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE T R Turner (Degree or title) D.O.F.
23b. ADDRESS Madison, Mo
23c. DATE SIGNED 3/4/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-6-49
24c. NAME OF CEMETERY OR CREMATORY Madison
24d. LOCATION (City, town, or county) (State) Madison Mo

DATE REC'D BY LOCAL REG. 3-6-49
REGISTRAR'S SIGNATURE Leah Williams Lowe 269
25. FUNERAL DIRECTOR'S SIGNATURE Fred A Thompson — ADDRESS Madison Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 10
District File Number 3-49-47
Date Filed MAR 16 1949

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.

Signed Mrs. Fred G. Thompson

Signed _____
Student Embalmer

Licensed Embalmer No. I 282

P. O. Address Marceline, 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 this body is not embalmed, fact should be so stated above.