

FILED JUL 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22798

BIRTH NO.		REG. DIST. NO. 58	PRIMARY REG. DIST. NO. 5216	Registrar's No. 21
1. PLACE OF DEATH a. COUNTY Carter		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo b. COUNTY Carter		
b. CITY (If outside corporate limits, write RURAL and give township) (Rural) Pike OR TOWN c. LENGTH OF STAY (in this place) all life		c. CITY (If outside corporate limits, write RURAL and give township) (Rural) Pike		
d. FULL NAME OF HOSPITAL OR INSTITUTION home of his father		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (First) Lascar		b. (Middle) Turley		e. (Last)
4. DATE OF DEATH (Month) (Day) (Year) July 1 1949				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER/MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Oct 22 1902	9. AGE (years last birthday) 46
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Carter Co Mo
12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME E.A. Turley		13b. MOTHER'S MAIDEN NAME Kate Bates		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.S. 2		17. INFORMANT'S SIGNATURE OR NAME ADDRESS E.A. Turley Fremont 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 18 hrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 6-27-1949, to 7-1-1949, that I last saw the deceased alive on 7-1-1949, and that death occurred at 5:25 p.m., from the causes and on the date stated above.				
23a. SIGNATURE J.M. Cotton M.D.		23b. ADDRESS Van Buren.		23c. DATE SIGNED 7-8-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-3-49		24c. NAME OF CEMETERY OR CREMATORY Turley Cemetery
24d. LOCATION (City, town, or county) (State) Carter Co. Mo.				
DATE REC'D BY LOCAL REG. July 9-49		REGISTRAR'S SIGNATURE Mrs. Oeta Henson		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS Seaton Perwit Van Buren

(Licensed Embalmer's Statement on Reverse Side)

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

8000

No. 300
10-48

RECEIVED 7-12-49
District Health Officer No. 5,
District File Number 749530
Date Filed 7-22-49

1949
AUG 2

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 Chas. Stewart

Signed _____
Student Embalmer

Licensed Embalmer No. 4574

P. O. Address Van Buren

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.