

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31155

State File No.

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5819 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>MORGAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MORGAN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - Osage</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - Osage</u>	
c. LENGTH OF STAY (in this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>RURAL - 4 mi - S - W - Eldon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi - S - W - Eldon</u>			

3. NAME OF DECEASED (Type or Print) <u>James - Thomas - Turpin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 3 1949</u>		
a. (First)	b. (Middle)	c. (Last)	5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>
8. DATE OF BIRTH <u>22 Dec 1869</u>	9. AGE (In years last birthday) <u>79</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>Moniteau - Co - MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>

13a. FATHER'S NAME <u>John - Turpin</u>	13b. MOTHER'S MAIDEN NAME <u>RENA MOORE</u>	14. NAME OF HUSBAND OR WIFE <u>JANE - TURPIN -</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Gimmie Turpin</u> ADDRESS <u>Rocky Mt - Mo</u>

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage.</u>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>2nd stroke.</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>331X</u>

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Morgan</u> (STATE) <u>MO</u> <u>8 miles south west of Eldon Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Rich L. Washburn</u>		23b. ADDRESS <u>Union - Cem</u>		23c. DATE SIGNED <u>10-3-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-3-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union - Cem</u>	24d. LOCATION (City, town, or county) (State) <u>MORGAN - CO MO</u>		
DATE REC'D BY LOCAL REG <u>Oct 5 - 1949</u>	REGISTRAR'S SIGNATURE <u>J. L. Washburn</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rich M. Kays</u>	ADDRESS <u>ELDON MO</u>		

U.D.O.C. - (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7

.....
.....

RECEIVED

District Health Officer No. 7

District File Number 9-49-1220

Date Filed 10-11-49

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
Student Embalmer

Signed

Keith M. Kays

Licensed Embalmer No.

3998

P. O. Address

Eldon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.