

S. No. 300
V. 10.48

FILED FEB 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5763

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 53

094-0

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bonne Terre		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bonne Terre Hospital		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Anna	b. (Middle) Mae	c. (Last) Turley	4. DATE OF DEATH (Month) (Day) (Year)
				Feb 12 1951

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec 18, 1884	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR (Month) (Day) 1 24	IF UNDER 1 MIN. (Hour) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Ridgeway, Illinois	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Thomas Kennedy	13b. MOTHER'S MAIDEN NAME Nancy Ann Hargrave	14. NAME OF HUSBAND OR WIFE Chas. Turley
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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. NONE	17. INFORMANT'S SIGNATURE OR NAME Charles Turley	ADDRESS Farmington Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Lobar		INTERVAL BETWEEN ONSET AND DEATH 5 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic heart disease.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb 7, 1951, to Feb 12, 1951, that I last saw the deceased alive on Feb 12, 1951, and that death occurred at 9a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. S. Langsam M.D.	23b. ADDRESS Farmington Mo.	23c. DATE SIGNED 2-13-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE Feb. 15, 1951	24c. NAME OF CEMETERY OR CREMATORY Ridgeway	24d. LOCATION (City, town, or county) (State) Ridgeway Illinois
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DATE REC'D BY LOCAL REG. Feb. 13, 1951	REGISTRAR'S SIGNATURE Ether Rudolph	25. FUNERAL DIRECTOR'S SIGNATURE Ch Cozear	ADDRESS Farmington Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____

DISTRICT HEALTH OFFICE NO. 74

FEB 19 1951

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....

C. A. Cozler

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