

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19941**

FILED JUL 3 - 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **88** PRIMARY REG. DIST. NO. **5236** Registrar's No. **21**

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

1. PLACE OF DEATH a. COUNTY <b>CRAWFORD MO</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>STEELVILLE, MO</b> b. COUNTY <b>Crawford</b>	
b. CITY OR TOWN <b>STEELVILLE MO</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>STEELVILLE MO</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>None</b>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <b>WILLIAM</b>		b. (Middle) <b>H</b> c. (Last) <b>TURNBOUGH</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 9 1952</b>		5. SEX <b>M</b> 6. COLOR OR RACE <b>W.</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>1</b>		8. DATE OF BIRTH <b>NOV 27 - 18 75</b>	
9. AGE (In years last birthday) <b>76</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>HUIZZAH MO 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>WILLIAM TURNBOUGH</b>		13b. MOTHER'S MAIDEN NAME <b>MARY POTRELL</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>MONT TURNBOUGH STEELVILLE MO</b> ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial failure</b> ANTECEDENT CAUSES <b>Senile debility</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senile debility</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <b>794X</b> Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>10 hrs.</b> <b>3 years</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)	
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 <b>June 9, 1952</b> , to <b>June 8, 1952</b> , that I last saw the deceased alive on <b>June 8, 1952</b> , and that death occurred at <b>4:00 PM</b> from the causes and on the date stated above.			
23a. SIGNATURE <b>Mont Turnbough</b>		23b. ADDRESS <b>RD. 2 Steelville MO</b>	
23c. DATE SIGNED <b>6/14/52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>6</b>	
24b. DATE <b>JUNE 12 - 52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>JOSEPH HAPPEL</b>	
24d. LOCATION (City, town, or county) (State) <b>STEELVILLE MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>JONES FUNERAL HOME</b> ADDRESS	
DATE REC'D BY LOCAL REG. <b>6-28-52</b>		REGISTRAR'S SIGNATURE <b>W. L. ...</b> 76-0	

**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 \_\_\_\_\_

*Harry M Jones*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Harry M Jones*

Licensed Embalmer No. *2628*

P. O. Address *Steubenville 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.