

FILED NOV 26 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **39054**

0485

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

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 439	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (in this place) 50 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		0485	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, 1912 Willow				d. STREET ADDRESS (If rural, give location) 1912 Willow			
3. NAME OF DECEASED (Type or Print) a. (First) Sterling b. (Middle) Lee c. (Last) Turpin			4. DATE OF DEATH (Month) (Day) (Year) Nov. 1, 1952				
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married	8. DATE OF BIRTH Feb. 11, 1876	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Building trade		11. BIRTHPLACE (City and State or Foreign Country) Sibley, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME David R. Turpin		13b. MOTHER'S MAIDEN NAME Leecy A. Harris		14. NAME OF HUSBAND OR WIFE Barbara T. Turpin			
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 ADDRESS Mrs. Barbara Turpin, Independence, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Fibrosis Chronic DUE TO (c) Terminal Pulmonary Congestion II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility				INTERVAL BETWEEN ONSET AND DEATH 2 yr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222				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)		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 Nov 1, 1952 to Nov 1, 1952 , that I last saw the deceased alive on Nov 1, 1952 , and that death occurred at 9:10 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Blaha MD				23b. ADDRESS 1210 Ash Independence Mo		23c. DATE SIGNED 11-3-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 3, 1952	24c. NAME OF CEMETERY OR CREMATORY Floral Hills Cem.		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		
DATE REC'D BY LOCAL REG. Nov 3, 52		REGISTRAR'S SIGNATURE James K. Gail		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bob Carson Independence, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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 Emil W. Halbrook

Licensed Embalmer No. 4901

P. O. Address Indef. 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.