

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39170

State File No. 13V217  
Registrar's No. 13V217

FILED NOV 20 1952

BIRTH NO.		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		Registrar's No. 13V217			
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived, or institution, residence before death) a. STATE Mo				b. COUNTY Jasper	
b. CITY OR TOWN Carthage Mo		c. LENGTH OF STAY (in this place) 3 wks		c. CITY OR TOWN Jasper Mo		d. STREET ADDRESS 922 Chestnut			
d. FULL NAME OF HOSPITAL OR INSTITUTION Dr. Lume Hosp				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) Elva E. Turk			b. (First)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 11-6-52		
5. SEX Male		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 10-7-1883		9. AGE (In years last birthday) 69	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Jasper Co Mo			12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Wm A Turk			13b. MOTHER'S MAIDEN NAME Emma Paxton Myrtle Turk		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) No		16. SOCIAL SECURITY NO. 511-24-4820A		17. INFORMANT'S SIGNATURE OR NAME Full Turk Wagner				ADDRESS Chla	
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) Agrenulocytosis						INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
		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. Took various Coal Tar products for yrs for rheumatism.							
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 297X					
22. I hereby certify that I attended the deceased from Mar 19, 1951, to Nov 6, 1952, that I last saw the deceased alive on Mar 5, 1952, and that death occurred at 1.00 P.M., from the causes and on the date stated above.									
23a. SIGNATURE George H. Wood MD				(Degree or title)		23b. ADDRESS Carthage Mo		23c. DATE SIGNED 11/10/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-8-52		24c. NAME OF CEMETERY OR CREMATORY Sulman Sp		24d. LOCATION (City, town, or county) (State) Carthage Mo			
DATE REC'D BY LOCAL REG. 11-10-52		REGISTRAR'S SIGNATURE Elva E. Turk, MD		25. FUNERAL DIRECTOR'S SIGNATURE Jackson + Sons Sarsapine Mo					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 11-18-52

Jasper County Health Office

County File Number 52-11-# 885

Date Filed 11-18-52

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 me

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

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Wm R. Jackson

Licensed Embalmer No. 3954

P. O. Address Lanesville, 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.