

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13757

State File No.

APR 20 1953

BIRTH NO. _____ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5396 Registrar's No. 23

1. PLACE OF DEATH

a. COUNTY Douglas

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brush-Creek c. LENGTH OF STAY (in this place) 1 Month

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dora (Route #1) 0340

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

d. STREET ADDRESS (If rural, give location) d

3. NAME OF DECEASED a. (First) Doria b. (Middle) Docia c. (Last) TURNBULL

4. DATE OF DEATH (Month) (Day) (Year) April 3, 1953

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH April 26, 1892 9. AGE (In years last birthday) 60 4 Months 7 Days 7 Hours Min.

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) Douglas County, Mo. 12. CITIZEN OF WHAT COUNTRY? Mo.

13a. FATHER'S NAME Charlie Davis 13b. MOTHER'S MAIDEN NAME Somanthia Collins 14. NAME OF HUSBAND OR WIFE Walter Turnbull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. 480 17. INFORMANT'S SIGNATURE OR NAME Eslie Turnbull ADDRESS Dora Rt. #1, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage INTERVAL BETWEEN ONSET AND DEATH 7 hours

ANTECEDENT CAUSES DUE TO (b) Hypertensive heart disease unknown

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) 443X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Apr. 3, 1953, to Apr. 3, 1953, that I last saw the deceased alive on 4/3/53, 1953, and that death occurred at 6:50P m., from the causes and on the date stated above.

23a. SIGNATURE Thomas H. Francisco (Degree or title) _____ 23b. ADDRESS Dr. Thos. Francisco, D.O. Willow Springs, Mo. 23c. DATE SIGNED 4/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 4/5/53 24c. NAME OF CEMETERY OR CREMATORY Plesant Mount 24d. LOCATION (City, town, or county) (State) Douglas County, Mo.

DATE REC'D BY LOCAL REG. 4-8-53 REGISTRAR'S SIGNATURE Vestal Bushman 25. FUNERAL DIRECTOR'S SIGNATURE NO FUNERAL DIRECTOR ADDRESS _____

(Licensed Embalmer's Statement on Reverse Side)

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

340

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.

REMAINS NOT EMBALMED.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.