

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

State File No. **14904**

FILED APR 18 1953

BIRTH NO. _____ REG. DIST. NO. **180** PRIMARY REG. DIST. NO. **4290** Registrar's No. **7**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY LINCOLN		a. STATE MISSOURI b. COUNTY LINCOLN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FOLEY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FOLEY	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) JAMES	b. (Middle) MILTON	c. (Last) TURNBULL	APR. 4, 1953		

5. SEX Male	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Nov. 10, 1866	9. AGE (In years) (Month) (Day) (Hour) (Min.) 86
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter - retired - contractor	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) FOLEY, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME SQUIRE TURNBULL	13b. MOTHER'S MAIDEN NAME MARGARET TURNER	14. NAME OF HUSBAND OR WIFE LYDIA TURNBULL
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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 ADDRESS Lydia Turnbull - Foley, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic cardiovascular disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus DUE TO (c)		
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 <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) 2608
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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 Sept. 16, 1950, to Apr 4, 1953, that I last saw the deceased alive on April 4, 1953, and that death occurred at 2:50 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert M. Hill Dr.	23b. ADDRESS Cladonia Mo.	23c. DATE SIGNED April 6, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4/7/53	24c. NAME OF CEMETERY OR CREMATORY BETHANY	24d. LOCATION (City, town, or county) (State) RED - WINEFIELD, Mo.
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DATE REC'D BY LOCAL REG. Apr 17 1953	REGISTRAR'S SIGNATURE Emma R. Riddle	EMERALD FUNERAL DIRECTOR'S SIGNATURE Charles C. Elsberry	ADDRESS ELSBERRY, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10. 300
10. 48

70

