

STANDARD CERTIFICATE OF DEATH

State File No. **32341**

FILED SEP 28 1953

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 4293 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Elsberry</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Elsberry</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>120 Sanderson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Patricia</u> b. (Middle) <u>June</u> c. (Last) <u>Turnbull</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-19-1953</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>no</u>	8. DATE OF BIRTH <u>11-27-1934</u>	9. AGE (In years last birthday) <u>18</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Glove worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Wells Lamont Fed.</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Floyd Turnbull</u>		13b. MOTHER'S MAIDEN NAME <u>Lorene Ligon</u>	
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) <u>no</u>		16. SOCIAL SECURITY NO. <u>499-34-8237</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Floyd Turnbull</u>					
ADDRESS <u>Elsberry Mo</u>					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>years</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity 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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>260X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 8-18, 1953, to 8-19, 1953, that I last saw the deceased alive on 8-19, 1953, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>JH Callaway M.D.</u>		23b. ADDRESS <u>Elsberry Mo</u>		23c. DATE SIGNED <u>8-20-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-21-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elsberry</u>	
DATE REC'D BY LOCAL REG. <u>8/20/53</u>		REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kientz</u>		24d. LOCATION (City, town, or county) (State) <u>Elsberry Mo.</u>	

25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifton Miller - Elsberry, Mo</u>		ADDRESS <u>Elsberry, Mo</u>	
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(Licensed Emballer's Statement on Reverse Side)

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

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 _____

Aug 19-1953

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Clifton Miller

Licensed Embalmer No. *3364*

P. O. Address *Elabony, Md*

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.