

FILED MAY 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12645

BIRTH NO.		REG. DIST. NO. 200	PRIMARY REG. DIST. NO. 3041	Registrar's No. 223
1. PLACE OF DEATH a. COUNTY MACON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY MACON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MACON		c. LENGTH OF STAY (In this place)		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Samaritan Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MACON 0611		
		d. STREET ADDRESS (If rural, give location) 215 E 8th St.		
3. NAME OF DECEASED (Type or Print) a. (First) TURSEY		b. (Middle) ANN		c. (Last) WEINKLER
4. DATE OF DEATH (Month) (Day) (Year) APR. 29 1954		5. SEX F		
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Dec. 25, 1873
9. AGE (In years last birthday) 80		IF UNDER 1 YEAR Month Day Hour Min. 4 4		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
11. BIRTHPLACE (State or foreign country) North County, Ohio!		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME KINSEY DAWSON		13b. MOTHER'S MAIDEN NAME Relia HURDSMAN		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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. LORAN JENKINS Macoon 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rt. Ventricle Heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Possible pneumonia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. age -		INTERVAL BETWEEN ONSET AND DEATH 4 days years 2 days
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)		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)		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 April, 1951 , to 27 April, 1954 , that I last saw the deceased alive on 27 April, 1954 , and that death occurred at 2:30 P. m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Donald E. Eggleston M.D.		23b. ADDRESS Macoon Missouri		23c. DATE SIGNED 3 May 54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 1 1954		24c. NAME OF CEMETERY OR CREMATORY ENON Cemetery
24d. LOCATION (City, town, or county) (State) MACON COUNTY Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. Lester Brown Macoon Mo.		
DATE REC'D BY LOCAL REG. 5/8/54		REGISTRAR'S SIGNATURE Auth. M. Naely 185		

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED 5, 10, 54
MACON COUNTY HEALTH DEPARTMENT
County File No. 5, 54, 79
Date Filed 5, 12, 54

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 Howard Myers

Licensed Embalmer No. 4494

P. O. Address Macon 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.