

No. 300
10.48

FILED AUG 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24008**

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

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 4413 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>Pike</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Frankford</u>		c. LENGTH OF STAY (in this place) <u>65 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Frankford</u>		d. STREET ADDRESS (If rural, give location) <u>6820</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION					
3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>TURLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 28 1954</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT. 4-1862</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Montgomery City Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>BOONE FORD</u>		13b. MOTHER'S MAIDEN NAME <u>MARY KEITHLEY</u>		14. NAME OF HUSBAND OR WIFE <u>ASA F. TURLEY</u>	
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>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ern Turley Frankford Mo.</u>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> 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 <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>4201</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 _____, 19____, to _____, 19____, that I last saw the deceased <u>deceased</u> on <u>July 28, 1954</u> , and that death occurred at <u>11 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>J. C. Mudd, Coroner</u>			23b. ADDRESS <u>Bowling Green Mo.</u>		23c. DATE SIGNED <u>July 28-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 30-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cere.</u>		24d. LOCATION (City, town, or county) (State) <u>Frankford Mo.</u>	
DATE REC'D BY LOCAL REG. <u>July 30, 1954</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u>		374	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fields & Son Frankford Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

AUG 18 1984

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

Joe J. Jones

Licensed Embalmer No. *4093*

P. O. Address *Hartford, 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.