

FILED JUL 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26073

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN <u>Washington Township</u>		c. CITY OR TOWN <u>Dora</u>	
c. LENGTH OF STAY (in this place) <u>439-11m</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital Nevada Mo</u>		e. STREET ADDRESS (If rural, give location) <u>Rural</u> 0770 1	
3. NAME OF DECEASED a. (First) <u>RALPH</u> (Type or Print)		b. (Middle) <u>none</u> c. (Last) <u>TURLEY</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 22, 1954</u>		5. SEX <u>male</u>	
6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	
8. DATE OF BIRTH <u>July 30, 1910</u>		9. AGE (Last birthday) <u>43</u> 11 <u>22</u> - - -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	
11. BIRTH PLACE (City and State, or Foreign Country) <u>Brownville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>George L. Turley</u>		13b. MOTHER'S MAIDEN NAME <u>Rettie V. Manning</u>	
14. NAME OF HUSBAND OR WIFE <u>none</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hosp Nevada 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, asthma, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heat stroke</u>  ANTECEDENT CAUSES Morbid 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. <u>Psychopathic Personality</u>  E-9311 46		INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hr</u>	
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>Heat stroke</u> SUICIDE HOMICIDE	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Working on farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Nevada Vernon Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 22, 1954</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Had Heat stroke while helping Dale Hay</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>July 22, 1954</u> , and that death occurred at <u>4:45 P.M.</u> from the causes and on the date stated above.	
23a. SIGNATURE <u>Paul L. Barone M.D.</u> (Degree or title)		23b. ADDRESS <u>State Hospital Nevada Mo</u>	
23c. DATE SIGNED <u>July 22/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>7-23-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Local</u>	
24d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hayes Funeral Service Inc.</u>	
DATE REC'D BY LOCAL REG. <u>7-23-54</u>		ADDRESS <u>Nevada Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.4880  
2

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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.....  
Signature of Student Embalmer

Signed *H. H. Marmaduke*.....

Licensed Embalmer No. *20*

P. O. Address *Peewade*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.