

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34543
 BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 2038 Registrar's No. 443

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Brookfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield 2582</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>657 S. Brunswick</u>		d. STREET ADDRESS (If rural, give location) <u>657 S. Brunswick</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>IRA</u> b. (Middle) <u>JACKSON</u> c. (Last) <u>TURPIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 24, 1954</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Sept 8 - 1879</u>		9. AGE (In years last birthday) <u>75</u>		IF UNDER 18: Hours Min. <u>7 16</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal Miner</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Linn Co. Mo</u>
12. FATHER'S NAME <u>Ben Turpin</u>			13b. MOTHER'S MAIDEN NAME <u>Mary J. Eldridge</u>		14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>487-10-5407</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Delaney</u> ADDRESS <u>Brookfield Mo</u>	
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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>Chronic myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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.			

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) <u>Brookfield Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		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 Oct 4, 1954, to Oct 24, 1954, that I last saw the deceased alive on Oct 22, 1954, and that death occurred at 7:45 P.M. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. H. Potter</u>		23b. ADDRESS <u>Brookfield Mo</u>		23c. DATE SIGNED <u>10-25-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 26 - 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>W. Blacklock</u>		ADDRESS <u>Brookfield Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-28-54</u>		REGISTRAR'S SIGNATURE <u>Nadine Stambach</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Blacklock</u> ADDRESS <u>Brookfield Mo</u>	

(Licensed Embalmer) (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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *J. H. Blacklock* _____

Licensed Embalmer No. *2246* _____

P. O. Address *Brookfield 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.