

FILED MAY 27 1955

STANDARD CERTIFICATE OF DEATH

6112 B

17436

State File No.

BIRTH NO. ... REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 4485 Registrar's No. 31

I. PLACE OF DEATH a. COUNTY Scott b. CITY OR TOWN Illmo c. LENGTH OF STAY 38 Yrs d. FULL NAME OF HOSPITAL OR INSTITUTION at home

2. USUAL RESIDENCE a. STATE Missouri b. COUNTY Scott c. CITY OR TOWN Illmo d. STREET ADDRESS

3. NAME OF DECEASED a. (First) MELISSA b. (Middle) (NMN) c. (Last) TURPIN 4. DATE OF DEATH May 11, 1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed 8. DATE OF BIRTH May 24, 1974 9. AGE 81

10a. USUAL OCCUPATION Homemaker 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Stoddard County, Missouri 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME George Layton 13b. MOTHER'S MAIDEN NAME Hank 14. NAME OF HUSBAND OR WIFE Isaac Turpin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. Don't Know 17. INFORMANT'S SIGNATURE OR NAME Mrs Fred Walsh ADDRESS St Louis, Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Myocarditis II. OTHER SIGNIFICANT CONDITIONS

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES No

21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1954, to May 1955, that I last saw the deceased alive on May 1, 1955, and that death occurred at 2:22 p.m., from the causes and on the date stated above.

23a. SIGNATURE J.S. Lee M.D. 23b. ADDRESS Illmo Mo 23c. DATE SIGNED May 11, 1955

24a. BURIAL, CREMATION, REMOVAL Burial 24b. DATE 5-13-55 24c. NAME OF CEMETERY OR CREMATORY Walker Cemetery 24d. LOCATION Stoddard County, Missouri

DATE REC'D BY LOCAL REG. 5-21-55 REGISTRAR'S SIGNATURE Mrs Fred Brayley 5145-0 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Displinghoff Funeral Home Illmo, Mo

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

DATE RECEIVED MAY 23 1955
SCOTT CO. HEALTH DEPT.
OO. FILE No. 555-111

MAY 23 1955

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

Oliver C. Amish

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.