

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32423

State File No. _____

300
48

D. Green
FILED OCT 24 1955

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 276

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Callaway</u>	
b. CITY OR TOWN <u>FULTON</u>		c. CITY OR TOWN <u>FULTON</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>5 YRS</u>		e. STREET ADDRESS (If rural, give location) <u>809 JEFFERSON</u> 0140	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>809 JEFFERSON</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH
a. (First) <u>SIMPSON</u>	b. (Middle) <u>ELV</u>	c. (Last) <u>TURLEY</u>	(Month) (Day) (Year) <u>OCT 17, 1955</u>

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB 6, 1888</u>	9. AGE (In years last birthday) <u>67</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ATTENDANT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>STATE HOSP</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JAMES TURLEY</u>	13b. MOTHER'S MAIDEN NAME <u>MARTHA BEEDING</u>	14. NAME OF HUSBAND OR WIFE <u>MARY TURLEY</u>
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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>498-38-2996</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Turley</u>	ADDRESS <u>Fulton, Mo.</u>
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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>Myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>May 2 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>asthma, vitrous sclerosis</u>		
	DUE TO (c) <u>Emphysema, allergic</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4221</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 1955 to Oct 17, 1955, that I last saw the deceased alive on Oct 16, 1955, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. N. Greener, M.D.</u> (Degree or Title)	23b. ADDRESS <u>Fulton, Mo.</u>	23c. DATE SIGNED <u>10-18-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Oct 19, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MILLERSBURG</u>	24d. LOCATION (City, town, or county) (State) <u>MILLERSBURG MO.</u>
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DATE REC'D BY LOCAL REG. <u>Oct 22, 1955</u>	REGISTRAR'S SIGNATURE <u>Martha Lawrence</u> 426	25. FUNERAL DIRECTOR'S SIGNATURE <u>Margaret Funeral Home Fulton, Mo.</u>	ADDRESS _____
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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.....
Signature of Student Embalmer

Signed *J. J. Ross*.....

Licensed Embalmer No. *255*.....
P. O. Address *Hudson*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.