

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25975

STATE FILE NUMBER

FILED SEP 4 1956

Registration District No. 31 Primary Registration District No. 5106 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Benton			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Benton		
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Lincoln Rt 2 (Cole Township) No <input checked="" type="checkbox"/>		c. CITY OR TOWN FARFIELD 0080		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 12 miles East		Length of stay in lb 6 years		d. STREET ADDRESS (If outside, give location) 3 miles South	
3. NAME OF DECEASED (Type or print) First Middle Last WALTER CLEVELAND TURPEN			4. DATE OF DEATH Month Day Year Aug 22, 1956		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 24, 1888	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 0 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Benton Co, Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A			13. FATHER'S NAME James M Turpen		
14. MOTHER'S MAIDEN NAME Cassie Eason			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) Yes World War I		
16. SOCIAL SECURITY NO. none			17. INFORMANT Address Mrs Goldie Ashley R.F.D Warsaw, Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart Failure 4 mo Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Myocarditis Several years DUE TO (c) Age etc					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month Day Year a. m. p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from May 1, 56 to Aug 20, 1956 and last saw him ^{her} alive on Aug 20, 1956 Death occurred at 1:00 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Deceased or wife) L. A. Marty, Mrs D.			22b. ADDRESS 1802 West 11th St. Sedalia		22c. DATE SIGNED 8/22/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug 24, 1956	23c. NAME OF CEMETERY OR CREMATORY Crabtree Cemetery		23d. LOCATION (City, town, or county) (State) Warsaw, Benton Co, Mo
24. FUNERAL DIRECTOR John J. Reser		ADDRESS Warsaw, Mo		25. DATE RECD. BY LOCAL REG. Aug 24, 1956	26. REGISTRAR'S SIGNATURE E. J. E. [Signature]

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

(Licensed Embalmer's Statement on Reverse Side)

94

Oct 7 1956

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 *John F. Reser*.....

Licensed Embalmer No. *4*.....

P. O. Address *Wasa*.....

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.