

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012901
STATE FILE NUMBER

FILED MAR 25 1958

Registration District No. 339 Primary Registration District No. 6150 Registrar's No. 12

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> <u>1036</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Puxico New Lisbon Twp</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Puxico</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Route 1</u>		Length of stay in 1b <u>3 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>Route 1</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Gary</u> Middle <u>Bruce</u> Last <u>Turman</u>			4. DATE OF DEATH Month <u>March</u> Day <u>9</u> Year <u>1958</u>		
5. SEX <u>male</u> <u>0</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <u>0</u> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 10, 1944</u>	9. AGE (In years last birthday) <u>13</u>	10. FUNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>student</u>	11. BIRTHPLACE (City and state or country) <u>Malden, Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Henry C. Turman</u>		13b. MOTHER'S MAIDEN NAME <u>Leota Smith</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>x x x x x x x x</u>		17. INFORMANT <u>Henry C. Turman</u> Address: <u>Puxico, Mo. R. 1</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Asphyxia and burns of entire body</u>					INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Home burned down</u>			9160 16
		DUE TO (c) _____			
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 <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Home burned to ground</u>		
20c. TIME OF INJURY Hour <u>4:00</u> a.m. <u>PM</u> Month, Day, Year <u>3-9-58</u>			<u>103</u>		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Puxico, Mo. R. 1</u>	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <u>4 a.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Marsha Wathens</u> Coroner <u>3</u>			22b. ADDRESS <u>Dexter, Mo.</u>		22c. DATE SIGNED <u>3-12-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>3-11-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Malden cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Malden, Mo.</u>
24. FUNERAL DIRECTOR <u>Watkins & Sons</u> ADDRESS <u>Dexter, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>March 22/58</u>		26. REGISTRAR'S SIGNATURE <u>Pearl Reed</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Earl McCallister*

Licensed Embalmer No. *4964*
P. O. Address *Dexter, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.