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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025306
STATE FILE NUMBER

FILED JUL 28 1958 Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY Iron b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Ironton — Inside Limits Yes # No ☐ c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St.Mary's Hosp. — Length of stay in Ib DOA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St.Louis c. CITY OR TOWN St.Louis 4000 — Inside Limits Yes # No ☐ d. STREET ADDRESS (If outside, give location) 9244 Old Bonhomme Rd. — Reside on Farm Yes ☐ No #

3. NAME OF DECEASED (Type or print): First THOMAS Middle LLOYD Last TURBEVILLE

4. DATE OF DEATH Month July Day 11 Year 1958

5. SEX male 6

6. COLOR OR RACE white

7. MARRIED # NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Sept. 28 1903

9. AGE (In years last birthday) 54 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) teacher

10b. KIND OF BUSINESS OR INDUSTRY public school

11. BIRTHPLACE (City and state or country) Waverly Tenn.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas L. Turbeville

13b. MOTHER'S MAIDEN NAME Katherine Teas

14. NAME OF HUSBAND OR WIFE Martha Frances Turbevill

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Mrs. T. L. Turbeville Address St.Louis Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Throm Crosis — 1 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Hypertension — ?

DUE TO (c) 4201

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 ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 1-58, to July 11-58 and last saw ~~her~~ him alive on July 10-58. Death occurred at on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George W. Gay M.D. (Degree or title)

22b. ADDRESS Ironton Mo

22c. DATE SIGNED 7-12-58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE 7-14-58

23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery

23d. LOCATION (City, town, or county) St.Louis, Mo. (State)

24. FUNERAL DIRECTOR Ancil White ADDRESS White Funeral Home, Ironton Mo.

25. DATE RECD. BY LOCAL REG. 7-12-58

26. REGISTRAR'S SIGNATURE Mae Louise Jones

(Licensed Embalmer's Statement on Reverse Side)

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.

JUL 2 3 1958

VS JAN 2 6 1960

VS JUN 2 6 1959

VS SEP 9 1959

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 Lucel J. White

Licensed Embalmer No. 3012

P. O. Address Trenton Neb

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.