

R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014097

FILED VS. MAY 9 1960

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3002

115

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY RALLS									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Length of stay in 1b 1 Year		c. CITY OR TOWN SALINE TOWN SHIP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1010 East Liberty			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) MONROE CITY, MO R 2		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First ROBERT Middle ALFRED Last TURNBULL				4. DATE OF DEATH Month APRIL Day 30 Year 1960									
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-21-94		9. AGE (last birthday) 65		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Laborer				10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) WAVERLY ILLINOIS		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME GARDNER TURNBULL				13b. MOTHER'S MAIDEN NAME ADA POPPLE				14. NAME OF HUSBAND OR WIFE None					
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 Geo W. Turnbull Address Monroe City Mo R 2					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis abdominal DUE TO (b) Primary Suspected in Stomach DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH unknown "			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Severe anemia							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown						
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 _____ a.m. _____ p.m.		Month, Day, Year _____											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Apr 27 1960 to Apr 30 1960 and last saw him alive on Apr 29, 1960 Death occurred at 3 AM on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree, or title) Edward J. Davis MD						22b. ADDRESS Mexico MO			22c. DATE SIGNED 5-2-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 5-1-60		23c. NAME OF CEMETERY OR CREMATORY DE LOSS CHAPEL			23d. LOCATION (City, town, or county) (State) RALLS CO'NTY MO						
24. FUNERAL DIRECTOR ADDRESS Wilson Funeral Home Missouri					25. DATE RECD. BY LOCAL REG. May-1-1960		26. REGISTRAR'S SIGNATURE Blanche Neely						

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

0961 0 T AVT

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Richard J. [Signature]

Licensed Embalmer No. *4825*

-P. O. Address *Meriv*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.