

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-039112

FILED VS NOV 7 1960

Registration District No. 237 Primary Registration District No. 4253 Registrar's No. 7

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>New Madrid</i>				2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Dunklin</i>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Gideon</i>		Length of stay in 1b <i>15 min</i>		c. CITY OR TOWN <i>Clarkton</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Hopkins Clinic</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <i>Betty</i> Middle <i>JEAN</i> Last <i>TURNER</i>				4. DATE OF DEATH Month <i>10</i> Day <i>27</i> Year <i>1960</i>					
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>2-22-1960</i>	9. AGE (last birthday)	IF UNDER 1 YEAR Months <i>8</i> Days <i>5</i>	IF UNDER 24 HR Hours <i>5</i> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>		11. BIRTHPLACE (City and state or country) <i>Clarkton, Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>			
13a. FATHER'S NAME <i>John Turner</i>			13b. MOTHER'S MAIDEN NAME <i>Marine Allen</i>		14. NAME OF HUSBAND OR WIFE <i>Child</i>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT <i>Robert Allen, Clarkton, Mo.</i>			Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>acute colitis</i>								INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				DUE TO (b) _____				DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input 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.)					
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 <i>D O A.</i> to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Dr. Hopkins, MD</i>				22b. ADDRESS <i>Gideon, Mo</i>		22c. DATE SIGNED <i>11-1-60</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>10-29-60</i>		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)	
24. FUNERAL DIRECTOR <i>Lloyd Russell Tiggott, Ark</i>		ADDRESS		25. DATE RECD. BY LOCAL REG. <i>11-1-60</i>		26. REGISTRAR'S SIGNATURE <i>Mrs. F. S. Hopkins</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Floyd Russell

Licensed Embalmer No. 509-4

P. O. Address Piggott, 4

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.