

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014869

AMENDED **F** Registration District No. 316 Primary Registration District No. Registrar's No. 173 STATE FILE NUMBER

FILED MAY 9 1961

1. PLACE OF DEATH a. COUNTY St Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Mo b. COUNTY St Francois)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN French Village		Length of stay in 1b 30 yrs	c. CITY OR TOWN French Village
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Star Route		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Star Route
3. NAME OF DECEASED (Type or print) Edward Rudolph Turley		4. DATE OF DEATH EST. April 10, 1961	

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 1-8-1874	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	IF UNDER 24 HR Hours	IF UNDER 24 HR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or county) St. Francois County US	12. CITIZEN OF WHAT COUNTRY US
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13a. FATHER'S NAME Joseph Turley	13b. MOTHER'S MAIDEN NAME Elizabeth Terry	14. NAME OF HUSBAND OR WIFE Effie Turley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMATION Charles Turley Bonne Terre, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive vascular disease DUE TO (b) (found April 24, 1961) DUE TO (c) 2 mos. plus		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)		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 checked="" 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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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 2-24-61 to 3-23-61 and last saw him alive on 3-23-61
Death occurred at 7 7 7 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. J. Haw, Jr. M.D.	22b. ADDRESS Bonne Terre, Mo	22c. DATE SIGNED 5-4-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Apr 26, 1961	23c. NAME OF CEMETERY OR CREMATORY Mt Olive	23d. LOCATION (City, town, or county) (State) Jefferson County, Mo.
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24. FUNERAL DIRECTOR ADDRESS C.Z. Boyer & Son, Inc, Bonne Terre, Mo	25. DATE RECD. BY LOCAL REG. May 4, 1961	26. REGISTRAR'S SIGNATURE Ether Rudloff
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 ^{not} embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Burkin T. Boyer, Jr

Licensed Embalmer No. 5117

P. O. Address Bone Tene, N

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.