

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020648
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 242

AMENDED

FILED JUN 19 1961

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Cape	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		c. CITY OR TOWN Cape Girardeau	
Length of stay in lb 28 yr		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Family Home		d. STREET ADDRESS (If outside, give location) 318 N West End Blvd	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Stella Middle F Last Turley			4. DATE OF DEATH Month June Day 16 Year 1961		
5. SEX Female	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 4-6-1878	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months 2 Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dist. Deputy, Royal Neighbours, Ins.		10b. KIND OF BUSINESS OR INDUSTRY Murphyboro Ill	11. BIRTHPLACE (City and state or country) U.S.A	12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME Louis Fehringer		13b. MOTHER'S MAIDEN NAME Anna Lee		14. NAME OF HUSBAND OR WIFE O.O. Turley (Deceased.)	

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. **no**

17. INFORMANT Address
Mrs Eunice Childers, Cape Gir

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral apoplexy.		INTERVAL BETWEEN ONSET AND DEATH 2/1/60
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last.	DUE TO (b) Arterio Sclerotic hyper-	
	DUE TO (c) tension	

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 7:30 a.m. Month, Day, Year Feb. 1st 1960		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Cape Girardeau	COUNTY Cape	STATE
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21. I attended the deceased from **Feb. 1st 1960** to **6/10/61** and last saw her ^{her} _{him} alive on **4/11/61**
Death occurred at **7:30 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Illusion M Ester MD	22b. ADDRESS Cape Girardeau 714 Broadway	22c. DATE SIGNED 6-13-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 12	23c. NAME OF CEMETERY OR CREMATORY Memorial Park
23d. LOCATION (City, town, or county) Cape Girardeau Mo.		(State)

24. FUNERAL DIRECTOR Brinkopf Howell, Cape Gir Mo.	25. DATE RECD. BY LOCAL REG. 6-15-61	26. REGISTRAR'S SIGNATURE Lrene Kasten
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Neil H. Krescheider

Licensed Embalmer No. 4994

P. O. Address Cape Girardeau

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.

Ester