

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017810

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 366

Primary Registration District No. _____

Registrar's No. _____

33

FILED APR 25 1962

VS 300
Rev. 4/59

1 1100
2 1100
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4 0
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12 90-0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Washington				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Washington			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Harmony			Length of stay in lb life		c. CITY OR TOWN Harmony Potosi, Rt. 2		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Road C 15 mi. West of Belgrade			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS Road C 15 mi West of Belgrade		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WILLIAM Middle JAMES Last TURNBOUGH				4. DATE OF DEATH Month April Day 14 Year 1962			
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6 Dec 1891	
				9. AGE (last birthday) 72		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer				10b. KIND OF BUSINESS OR INDUSTRY own farm		11. BIRTHPLACE (City and state or country) Courtois, Mo.	
12. CITIZEN OF WHAT COUNTRY U S A				13a. FATHER'S NAME Louis Turnbough		13b. MOTHER'S MAIDEN NAME Betsy Coffman	
				14. NAME OF HUSBAND OR WIFE Zoe Yount Turnbough			
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. INFORMANT Zoe Turnbough Potosi, Mo. Rt #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) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c) _____							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 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 Sept. 1961 to April 1962 and last saw him alive on March 25, 1962 . Death occurred at 1 PM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) E. F. Hresswell M.D.				22b. ADDRESS Potosi, Mo.		22c. DATE SIGNED 4/17/62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 16 April 1962		23c. NAME OF CEMETERY OR CREMATORY Lower Indian Creek		23d. LOCATION (City, town, or county) Courtois, Missouri	
24. FUNERAL DIRECTOR White Funeral Home		ADDRESS Ironton, Mo.		25. DATE RECD. BY LOCAL REG. 4/19/62		26. REGISTRAR'S SIGNATURE Herbert Rudal	

USE BLACK INK OR TYPEWRITER RIBBON

APR 26 1962

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 Aucely White

Licensed Embalmer No. 3012

P. O. Address Ironton, Mo.

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.