

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED MAY 31 1962

-62-019373

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 3079 Registrar's No. 86

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10501  
20501

3

4 0

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94200

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1240-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CRYSTAL CITY</b>		c. CITY OR TOWN <b>CRYSTAL CITY</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <b>102 VIRGINIA AVE.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>AMOS ROY TURLEY</b>		4. DATE OF DEATH Month Day Year <b>MAY 24, 1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-22-87</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrician</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Glass Mfg.</b>	11. BIRTHPLACE (City and state or country) <b>St. Francis Co. Mo.</b>
13a. FATHER'S NAME <b>Willis F. Turley</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Dinwiddie</b>	14. NAME OF HUSBAND OR WIFE <b>Maggie Jane Thomas</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT <b>Maggie Jane Turley, 102 Virginia</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial infarction</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>
DUE TO (b) <b>Arteriosclerotic heart disease</b>			<b>12 yrs.</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) <b>Cervical osteo-arthritis 12 yrs</b>			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 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 s.m. p.m. -----	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 <b>October 30, 1944</b> to <b>May 24, 1962</b> and last saw <sup>her</sup> him alive on <b>May 24, 1962</b> Death occurred at <b>5:30 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John F. Rutledge MD</i>		22b. ADDRESS <b>Manns Bldg., Festus, Mo.</b>	22c. DATE SIGNED <b>5/25/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Entombment</b>	23b. DATE <b>5-26-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Roselawn Memorial Gardens</b>	23d. LOCATION (City, town, or county) <b>Festus, Mo.</b> (State)
24. FUNERAL DIRECTOR <b>Vinyard Funeral Homes, Inc. Festus, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5-26-62</b>	26. REGISTRAR'S SIGNATURE <i>Lucas A. ...</i>

USE BLACK INK OR TYPEWRITER RIBBON

JUN. 6 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 Keith B. Vinyard

Licensed Embalmer No. 4976

P. O. Address Festus, 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.