

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012336

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration No. 179 Primary Registration District No. 5672 Registrar's No. 41

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Burr Oak</u>		Length of stay in 1b <u>1yr.</u>	c. CITY OR TOWN <u>Troy Mo.</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>5 Mi. West of Foley Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>5 mi. west of Troy Mo.</u>
3. NAME OF DECEASED (Type or print) <u>EDNA EARL TURNBULL</u>		4. DATE OF DEATH <u>Mar. 14, 1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 28, 1877</u>
9. AGE (last birthday) <u>85</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months <u>6</u> Days <u>18</u> Hours <u>    </u> Min. <u>    </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (City and state or country) <u>Troy Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Lilburn Ricks</u>	
13b. MOTHER'S MAIDEN NAME <u>Ellen Cottle</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Turnbull</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>                    </u>	
17. INFORMANT <u>Mrs M.L. Simpson</u>		Address <u>Foley Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause of death) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis</u> DUE TO (c) <u>myocardial fibrosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>                    </u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>                    </u>			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.) <u>                    </u>	
20c. TIME OF INJURY Hour <u>          </u> s.m. <u>          </u> p.m. <u>          </u>	Month, Day, Year <u>          </u> <u>          </u> <u>          </u>	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.) <u>                    </u>		20f. CITY, TOWN, OR LOCATION <u>                    </u> COUNTY <u>                    </u> STATE <u>                    </u>	
21. I attended the deceased from <u>Sept. 1961</u> to <u>Mar. 14, 63</u> and last saw her <u>alive</u> on <u>March 7, 1963</u> Death occurred at <u>18:00</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Edna Earl Turnbull, Ao.</u>		22b. ADDRESS <u>Troy Mo</u>	22c. DATE SIGNED <u>3-14-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Mar 17, 63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Thornhill Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Lincoln County Mo.</u>
24. FUNERAL DIRECTOR <u>D.W. McCoy Troy Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3-18-1963</u>	26. REGISTRAR'S SIGNATURE <u>Charlotte Leek</u>

(Licensed Embalmer's Statement on Reverse Side)

MAR 28 1963

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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 D. W. Mc Coy

Licensed Embalmer No. 3086

P. O. Address Tracy 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.

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