

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24174

State File No.

FILED JUL 19 1949

BIRTH NO. _____		REG. DIST. NO. <u>226</u>		PRIMARY REG. DIST. NO. <u>4338</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>Monroe</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Monroe City</u>		c. LENGTH OF STAY (in this place) <u>18 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Monroe City Missouri</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>306 First Str.</u>				d. STREET ADDRESS (If rural, give location) <u>306 First Str.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELMER</u>		b. (Middle) <u>Harrison</u>		c. (Last) <u>Turpin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 12TH 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>SEPTEMBER 12-1888</u>		9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rail Road Section Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Spencer, OWEN Co INDIANA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph Melton Turpin</u>		13b. MOTHER'S MAIDEN NAME <u>Mary SMORK</u>		14. NAME OF HUSBAND OR WIFE <u>Nadine Turpin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>702-05-6787</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Montainier</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>1. CORONARY Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>2. Arteriosclerotic Heart Disease</u> DUE TO (c) <u>3. CORONARY Artery Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>Years</u> <u>years</u> <u>years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4701</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>MARCH 15, 1949</u> , to <u>JULY 12, 1949</u> , that I last saw the deceased alive on <u>JULY 7, 1949</u> , and that death occurred at <u>5:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Erson Rhine MD</u> (Degree or title)				23b. ADDRESS <u>Monroe City Mo</u>		23c. DATE SIGNED <u>7/14/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>JULY 15-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Judes Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Monroe City Missouri</u>	
DATE REC'D BY LOCAL REG. <u>July 15 1949</u>		REGISTRAR'S SIGNATURE <u>Oliver Little</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>WILSON & Son's</u>		ADDRESS <u>Monroe City Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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JUL 1 1 1949

RECEIVED JUL 1 8 1949
District Health Officer No.
District File Number 7-49-12
Date Filed JUL 1 8 1949

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lucie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroeville, Pa

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 this body is not embalmed, fact should be so stated above.