

FILED JUL 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23842

State File No.

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 100

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Webb City</u> | c. LENGTH OF STAY (in this place) <u>3yrs</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>Webb City</u> <u>0492</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>402 North Devon St.</u> | | d. STREET ADDRESS (If rural, give location) <u>402 North Devon St.</u> | |

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|-------------------------------------|-------------------------|---------------------------|---------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>LEWIS</u> | b. (Middle) <u>CLAUDE</u> | c. (Last) <u>TURNBULL</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 18, 1950</u> |
|-------------------------------------|-------------------------|---------------------------|---------------------------|--|

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|--------------------|-------------------------------|---|--|---|---|--|
| 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>October 16, 1898</u> | 9. AGE (In years last birthday) <u>56</u> | IF UNDER 1 YEAR Months <u>9</u> Days <u>2</u> | IF UNDER 2 HRS. Hours <u></u> Min. <u></u> |
|--------------------|-------------------------------|---|--|---|---|--|

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|--|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Miner</u> | 10b. KIND OF BUSINESS/ OR INDUSTRY <u>Mining</u> | 11. BIRTHPLACE (State or foreign country) <u>No data</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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|-----------------------------------|--|--|
| 13a. FATHER'S NAME <u>No data</u> | 13b. MOTHER'S MAIDEN NAME <u>No data</u> | 14. NAME OF HUSBAND OR WIFE <u>Mollie Turnbull</u> |
|-----------------------------------|--|--|

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| 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. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Mollie Turnbull</u> ADDRESS <u>Webb City, Mo.</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Silico-tuberculosis</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>NO IX</u> | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------------|--|--|

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|--|--|---|
| 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) _____ |
|--|--|---|

| | | |
|---|--|----------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 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 March 19, 1950, to July 18, 1950, that I last saw the deceased alive on July 18, 1950, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

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|---|-----------------------------------|---------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u> | 23b. ADDRESS <u>Webb City, Mo</u> | 23c. DATE SIGNED <u>7/19/50</u> |
|---|-----------------------------------|---------------------------------|

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|---|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7-20-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Carterville Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Carterville, Missouri</u> |
|---|--------------------------|--|--|

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|--|--|---|
| DATE REC'D BY LOCAL REG. <u>July 20-50</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Hedge Lewis</u> ADDRESS <u>Webb City, Mo.</u> |
|--|--|---|

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

0492

RECEIVED 7-25-50
Jasper County Health Office

County File Number 50-7-553

Date Filed 7-25-50

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
Student Embalmer

Signed *Leonard J. Revis*.....

Licensed Embalmer No. *4561*.....

P. O. Address *Wills City, 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 this body is not embalmed, fact should be so stated above.