

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 8 1950

State File No.

S. No. 300
Ev. 10.48

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1832

4000 ✓

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE OKLAHOMA b. COUNTY OTTAWAY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN JEFFERSON BARRACKS MO.)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PICHER	
c. LENGTH OF STAY (in this place) 55 DAYS		8350	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		d. STREET ADDRESS (If rural, give location) 602 S. OTTAWAY	

3. NAME OF DECEASED a. (First) EDWARD b. (Middle) FRANK c. (Last) TURNBULL			4. DATE OF DEATH (Month) (Day) (Year) JULY 30, 1950		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 2-12-94	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) CLAY COUNTY, KENTUCKY		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JOHN TURNBULL	13b. MOTHER'S MAIDEN NAME VICIE NAPIER	14. NAME OF HUSBAND OR WIFE BONNIE TURNBULL
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) VV-I	16. SOCIAL SECURITY NO. 511036421	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.		18. CAUSE OF DEATH MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC LYMPHATIC LEUKEMIA		INTERVAL BETWEEN ONSET AND DEATH 2 YEARS
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)		2040

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify, that I attended the deceased from 6-5-50, 1950, to 7-30-50, ~~XXXXXX~~ and that death occurred at 3:45AM from the causes and on the date stated above.

23a. SIGNATURE G. A. Maher M.D. (Degree or title)	23b. ADDRESS VA HOSPITAL, J B MO.	23c. DATE SIGNED 7-30-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE July 31-50	24c. NAME OF CEMETERY OR CREMATORY Pryor, Oklahoma	24d. LOCATION (City, town, or county) (State) Pryor, Oklahoma
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DATE REC'D BY LOCAL REG. 7-30-50	REGISTRAR'S SIGNATURE Hubert R. ...	25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister ADDRESS J. & L. Co. 7814 S. Broadway St. Louis, Mo.
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SEP 22 1950

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 Henry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 Broadway

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.