

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33753

State File No. _____

FILED OCT 21 1950

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4240</u>					
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 28 Yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 3104 E. 52nd. St.					
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home (3104 E. 52nd. St.)				3778 3104							
3. NAME OF DECEASED (Type or Print) Roberta			a. (First) M.		b. (Middle) TURPIN		c. (Last)				
4. DATE OF DEATH Oct. 6, 1950		(Month) (Day) (Year)		5. SEX Female		6. COLOR OR RACE White					
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3-24-04		9. AGE (In years last birthday) 46		IF UNDER 1 YEAR Months Days		IF UNDER 100 Hrs. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Sweet Springs, Mo.			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Walter Harris			13b. MOTHER'S MAIDEN NAME Minnie Kilpatrick			14. NAME OF HUSBAND OR WIFE Floyd R. Turpin					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 497-26-4091		17. INFORMANT'S SIGNATURE OR NAME Floyd R. Turpin, 3104 E. 52nd. St., K.C., Mo.				ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis						42-01	
				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.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:10 P. m. , from the causes and on the date stated above.											
23a. SIGNATURE F.C. Coleman (Degree or title) M.D., Pathologist				23b. ADDRESS 4922 Bell St. K.C., Mo.				23c. DATE SIGNED 10-7-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 10-7-50		24c. NAME OF CEMETERY OR CREMATORY -		24d. LOCATION (City, town, or county) (State) Sweet Springs, Mo.					
DATE REC'D BY LOCAL REG. 10-7-50		REGISTRAR'S SIGNATURE Sheddine Holman			25. FUNERAL DIRECTOR'S SIGNATURE Mollody-McGilley-Eylar ADDRESS 1800 Linwood, K.C., Mo.						

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Allen E. Heck

Signed.....
Student Embalmer

Licensed Embalmer No. *4063*

P. O. Address *Kansas 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.