

FILED FEB 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5801

State File No. ....

0940

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

|  |  |   |  |  |  |   |  |
|--|--|---|--|--|--|---|--|
| BIRTH NO. <u>124</u>   |  | REG. DIST. NO. <u>316</u>   |  | PRIMARY REG. DIST. NO. <u>607L</u>   |  | Registrar's No. <u>56</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>ST FRANCOIS</u>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>-a. STATE <u>Mo</u> b. COUNTY <u>ST. FRANCOIS</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>RURAL-MARION</u>  |  | c. LENGTH OF STAY (In this place)<br>YRS. <u>0940</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>RURAL-MARION</u>  |  | d. STREET ADDRESS (If rural, give location)<br><u>STAR Route-Valles Mines</u>       |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>STAR Route-Valles Mines</u>  |  |   |  | d. STREET ADDRESS (If rural, give location)<br><u>STAR Route-Valles Mines</u>  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)   |  | a. (First) <u>Luther</u>  |  | b. (Middle) <u>Albert</u>  |  | c. (Last) <u>Turley</u>   |  |
| 4. DATE OF DEATH   |  | (Month) <u>Feb.</u>   |  | (Day) <u>13</u>  |  | (Year) <u>1951</u>  |  |
| 5. SEX<br><u>MALE</u>  |  | 6. COLOR OR RACE<br><u>WHITE</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Never MARRIED</u>   |  | 8. DATE OF BIRTH<br><u>MARCH 17-1870</u>  |  |
| 9. AGE (In years last birthday)<br><u>80</u>   |  | 10. MONTHS<br><u>10</u>   |  | 11. DAYS<br><u>26</u>  |  | 12. HOURS<br><u>1</u>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>FARMER-Retired</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>FARM</u>  |  | 11. BIRTHPLACE (State or foreign country)<br><u>Jefferson Co., Mo</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                                       |  |
| 13a. FATHER'S NAME<br><u>Joseph Turley</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Elizabeth Terry</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>None</u>   |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |  | 16. SOCIAL SECURITY NO.<br><u>None</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>C.W. Turley-Valles Mines, Mo.</u>  |  | ADDRESS   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                               |  | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia</u>   |  |  |  | INTERNAL BETWEEN ONSET AND DEATH  |  |
|  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |  |  | 4712  |  |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocarditis</u>                |  |  |  |   |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |  |  |  | 20. AUTOPSY?<br>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)  |  |   |  |
| 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 <u>Feb 12</u> , 1951, to <u>Feb 13</u> , 1951, that I last saw the deceased alive on <u>Feb 13</u> , 1951, and that death occurred at <u>8:20 Am.</u> , from the causes and on the date stated above. |  |   |  |  |  |   |  |
| 23a. SIGNATURE<br><u>R. E. Pieme D.O.</u>  |  |   |  | 23b. ADDRESS<br><u>De Soto, Mo</u>   |  | 23c. DATE SIGNED<br><u>2-14-51</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>   |  | 24b. DATE<br><u>2-17-51</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Mt. Olive</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>Valles Mines, Mo.</u>           |  |
| DATE REC'D BY LOCAL REG.<br><u>Feb 14, 1951</u>  |  | REGISTRAR'S SIGNATURE<br><u>Ethel Rudloff</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>See Motherhead</u>  |  | ADDRESS<br><u>De Soto, Mo.</u>  |  |

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

FEB 19 1951

RECEIVED

MAR 2 1951

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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 .....  
Student Embalmer

Signed Andrew H. England

Licensed Embalmer No. 4745

P. O. Address De Soto, 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.