

5. No. 300
v. 10.48

FILED APR 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11994

State File No.

26
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>	
c. LENGTH OF STAY (In this place) <u>6yrs</u>		d. STREET ADDRESS (If rural, give location) <u>506 Bolivar</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waverley & St. Marys BLVD.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Porter</u> c. (Last) <u>Turpin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 12, 1951</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>Feb 11 1888</u>
9. AGE (In years last birthday) <u>63</u>	10. MONTHS <u>2</u>	11. DAYS <u>7</u>	12. IF CHECKED IN REG. HOURS Mtn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Prison Guard</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. State Prison</u>	11. BIRTHPLACE (State or foreign country) <u>Lincoln, Co Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Josiah Turpin</u>	13b. MOTHER'S MAIDEN NAME <u>Nanie Robinson</u>	14. NAME OF HUSBAND OR WIFE <u>Lucy Elizebeth 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>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lucy E. Turpin Jefferson City, Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage + Shock</u> ANTECEDENT CAUSES DUE TO (b) <u>Shot with Revolver</u> DUE TO (c) <u>Self inflicted</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
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) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1309 Waverley & C. Mo</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jeff City Cole Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-12-51 10:30 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Shot himself with revolver</u>	
22. I hereby certify that I attended the deceased from <u>Dead Missouri Vasculitis</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:35 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. J. Paslic M.D. Coroner</u> (Degree or title)		23b. ADDRESS <u>Jeff City Mo</u>	23c. DATE SIGNED <u>4-13-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 14 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bowling Green, Mo.</u>
DATE REC'D BY LOCAL REG. <u>April-13-1951</u>	REGISTRAR'S SIGNATURE <u>R.P. Davis, M.D. - M.R.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Victor Buscher Jefferson City Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED

4/16/51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed? 4/16/51

APR 17 1951

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson 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.