

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17600

FILED MAY 18 1951

0830

BIRTH NO. _____		REG. DIST. NO. <u>280</u>		PRIMARY REG. DIST. NO. <u>6969</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Platte</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Iatan</u>		c. LENGTH OF STAY (In this place) <u>Marshall</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Iatan</u>		<u>Marshall</u> <u>0830</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>		b. (Middle) <u>Erman</u>		c. (Last) <u>Turpin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-4-51</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>May 1, 1895</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>		11. BIRTHPLACE (State or foreign country) <u>Platte Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Geo. P. Turpin</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah W. Henson</u>			14. NAME OF HUSBAND OR WIFE <u>Eunice Ray Paris</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Mrs. Geo. S. Turpin, Iatan, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs.</u>			
DUE TO (c) <u>xxxxxxx</u>				INTERVAL BETWEEN ONSET AND DEATH <u>xxx</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>The last two to three yrs. has had two to three slight "strokes", transient paralysis.</u>							
19a. DATE OF OPERATION <u>xxxx</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>xxxxx</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>xxxx</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Iatan Platte Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>xxxxxx</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>xxxx</u>			
22. I hereby certify that I attended the deceased from <u>Jan. 15, 1945</u> , to <u>May 4, 1951</u> , that I last saw the deceased alive on <u>May 2, 1951</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Levin C. Colwell M.D.</u>				23b. ADDRESS <u>Weston Missouri</u>		23c. DATE SIGNED <u>5/5/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-7-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sugar Creek Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Rushville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-6-51</u>		REGISTRAR'S SIGNATURE <u>Ophia Roccini 257</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>VAUGHN FUNERAL HOME</u>		ADDRESS <u>WESTON, MO</u>	

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



MAY 25 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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.