

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42466**
Registrar's No. **91**

FILED JAN 9 1952

BIRTH NO. _____		REG. DIST. NO. 273		PRIMARY REG. DIST. NO. 5918		Registrar's No. 91	
1. PLACE OF DEATH a. COUNTY Perry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Salem				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Salem			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) Brenda		b. (Middle) Sue		c. (Last) Turnbaugh		4. DATE OF DEATH (Month) (Day) (Year) Dec 30 1951	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Dec 30 1951	
9. AGE (In years last birthday) _____		10. UNDER 1 YEAR _____		11. UNDER 1 MIN. _____		12. CITIZEN OF WHAT COUNTRY? U S A	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Perry Co. Mo. 0		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Arthur Turnbaugh		13b. MOTHER'S MAIDEN NAME Evelyn Eickhorn		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Arthur Turnbaugh ADDRESS Menfro Mo R 1			
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) Respiratory Failure ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature (6 months) DUE TO (c) _____ 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 fluid filled lungs with blood in 76 x		20. AUTOPSY? YES <input 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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		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 Dec - 30, 1951 , to Dec 30, 1951 , that I last saw the deceased alive on Dec 30, 1951 , and that death occurred at 7:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Dr. J. J. Zellner (Degree or title)		23b. ADDRESS Perry Mo.		23c. DATE SIGNED 1-1-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 31 1951		24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery		24d. LOCATION (City, town, or county) (State) Crosstown MO	
DATE REC'D BY LOCAL REG. Jan 2-1952		REGISTRAR'S SIGNATURE Joe J. Zellner		25. FUNERAL DIRECTOR'S SIGNATURE Young & Sons Perry Mo. ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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 _____

This body was not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

Edward J. Young

Licensed Embalmer No. *2138*

P. O. Address *Remickville, 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.

... this body is not embalmed