

# STANDARD CERTIFICATE OF DEATH

State File No. 5944

FILED FEB 20 1952

BIRTH NO. _____		REG. DIST. NO. 273		PRIMARY REG. DIST. NO. 3051		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY <u>Perry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perryville</u>		c. LENGTH OF STAY (In this place) <u>50 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perryville</u>		0791	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>218 N. Cedar St.</u>				d. STREET ADDRESS (If rural, give location) <u>218 N. Cedar St.</u>			
3. NAME OF DECEASED (Type or Print) <u>Julia</u>		a. (First)		b. (Middle)		c. (Last) <u>Turlin</u>	
4. DATE OF DEATH <u>February 10, 1952</u>		(Month) (Day) (Year)					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>January 15, 1881</u>	
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Perry County, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Louis Dosenbach</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Gross</u>		14. NAME OF HUSBAND OR WIFE <u>Louis Turlin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Louis Turlin, Perryville, Mo.</u>		ADDRESS	
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>Carcinoma of stomach with metastases</u> ANTECEDENT CAUSES Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH <u>13 yrs.</u>	
19a. DATE OF OPERATION <u>1/11/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of stomach with massive liver metastases</u>				20. AUTOPSY? 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. HOW DID INJURY OCCUR? <u>151X</u>	
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"/>					
22. I hereby certify that I attended the deceased from <u>Jan. 7, 1952</u> , to <u>Feb. 10, 1952</u> , that I last saw the deceased alive on <u>Feb. 10, 1952</u> and that death occurred at <u>4:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>William H. Chapman</u>		(Degree or title) <u>MD.</u>		23b. ADDRESS <u>Coryville, Mo.</u>		23c. DATE SIGNED <u>2/11/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 12, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Perryville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 12-52</u>		REGISTRAR'S SIGNATURE <u>Joel J. Zoller</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert J. Bey</u>		ADDRESS <u>Perryville, Mo.</u>	

(Licensed Embalmers' 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed.....

*Albert H. Bey*

Licensed Embalmer No. ....

*386*

P. O. Address.....

*Perryville*

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.