

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15819

State File No. Registrar's No. 34 0174

FILED MAY 20 1952

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3011</u>		State File No. _____		Registrar's No. <u>34 0174</u>				
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u>								
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural "Carrollton Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>4 mi. N. of Carrollton</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Atwood Hosp.</u>				3. NAME OF DECEASED a. (First) <u>JESSIE</u> (Type or Print)		b. (Middle) <u>L.</u>		c. (Last) <u>TURPIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 10, 1952</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Nov 19, 1889</u>		9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	10. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Carroll Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>				
13a. FATHER'S NAME <u>A. J. Herren</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Macoubus</u>			14. NAME OF HUSBAND OR WIFE <u>Joe Turpin</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or both) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Lena Herren</u>						ADDRESS <u>Hale Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Carcinoma, uterus</u>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, uterus</u>						INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid 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.												
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								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)							
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"/>			21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <u>Nov</u> , 1951, to <u>May 10</u> , 1952, that I last saw the deceased alive on <u>May 9</u> , 1952, and that death occurred at <u>11</u> m., from the causes and on the date stated above.												
23a. SIGNATURE <u>John H. Platy</u>				(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Carrollton Missouri</u>			23c. DATE SIGNED <u>5/12/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-12-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo</u>						
DATE REC'D BY LOCAL REG. <u>5/13/52</u>		REGISTRAR'S SIGNATURE <u>Mo. Herbert Calvert</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Gibson</u>		ADDRESS <u>Carrollton Mo</u>						

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

1710

SEP 9 1952
MAY 20 1952

JUN 23 1952

JUN 1 1961

MAY 20 1952

MAY 20 1952

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 Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, N

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.