

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28665

State File No. _____

FILED AUG 29 1952

BIRTH NO. _____		REG. DIST. NO. <u>18-D-179</u>		PRIMARY REG. DIST. NO. <u>5673</u>		Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Monroe 2 sp.</u>		c. LENGTH OF STAY (In this place) <u>2 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		0570	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi. S. of Winfield Mo</u>				d. STREET ADDRESS (If rural, give location) <u>3 mi. S. of Winfield Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> b. (Middle) <u>TURNBULL</u> c. (Last) <u>TURNBULL</u>			DATE OF DEATH (Month) (Day) (Year) <u>Aug 23 1952</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>June 18 1874</u>	9. AGE (In years last birthday) <u>78</u>	10. MONTHS <u>2</u>	11. YEARS <u>5</u>	12. IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Ret.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bethelton Ill.</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Morgan Turnbull</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Elston</u>		14. NAME OF HUSBAND OR WIFE <u>Edna Turnbull</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>Edna Turnbull</u> ADDRESS <u>Winfield 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>Acute Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Interstitial Pneumonia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac Hypertrophy</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>492 X</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. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>Aug 18 1952</u> , to <u>Aug 23 1952</u> that I last saw the deceased alive on <u>Aug 23, 1952</u> and that death occurred at <u>8:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank L. Sutton, D.O.</u>				23b. ADDRESS <u>Winfield, Mo.</u>		23c. DATE SIGNED <u>8/20/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 26 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Thornhill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Lincoln County Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 28-52</u>		REGISTRAR'S SIGNATURE <u>Emma R. Riddle</u>		162		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne Mc Coy Troy</u> ADDRESS <u>Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Wayne McBay

Licensed Embalmer No. 3582

P. O. Address Troy 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.