

3. No. 300
v. 10-48

FILED JAN 26 1953

STANDARD CERTIFICATE OF DEATH

State File No. 1228

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Henry	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clinton	c. LENGTH OF STAY (in this place) 10	c. CITY (If outside corporate limits, write RURAL and give township) Clinton Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION 316 W Ohio st		d. STREET ADDRESS (If rural, give location) 316 W Ohio 0422	

3. NAME OF DECEASED (Type or Print) a. (First) IRDIE b. (Middle) ANN c. (Last) TURNEY	4. DATE OF DEATH (Month) (Day) (Year) 1-16-1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/12/1882	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 1 MRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MALVERN IOWA	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wm J BREND	13b. MOTHER'S MAIDEN NAME not known	14. NAME OF HUSBAND OR WIFE Wa Turney
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Wa Turney	ADDRESS Clinton Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular		
	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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **9/12/1882**, 19____, to **1/16/53**, 19____, that I last saw the deceased alive on **1/16/53**, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Paul M. Taylor (Degree or title)	23b. ADDRESS Clinton Mo	23c. DATE SIGNED 1-19-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-19-53	24c. NAME OF CEMETERY OR CREMATORY Shelbyville Mo	24d. LOCATION (City, town, or county) (State) Shelbyville Mo
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DATE REC'D BY LOCAL REG Jan-19-53	REGISTRAR'S SIGNATURE Florence Adair	25. FUNERAL DIRECTOR'S SIGNATURE J E Consolev	ADDRESS Clinton Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

See page 100

ESG1 2/2/54

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 J E Cousler

Licensed Embalmer No. 1891

P. O. Address Clinton 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.