

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6650**

FILED MAR 10 1953

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HOLDEN</u>		c. LENGTH OF STAY (In this place) <u>40 YR</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ATHOME SOMARKET</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HOLDEN</u>	
		d. STREET ADDRESS (If rural, give location) <u>50 MARKET ST</u>	

3. NAME OF DECEASED (Type or Print) THOMAS SCODDER TURNBOW

a. (First) _____ b. (Middle) _____ c. (Last) _____

4. DATE OF DEATH (Month) (Day) (Year) FEB 23 1953

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH NOV 5 1894 9. AGE (In years last birthday) 58 10. UNDER 1 YEAR 3 11. UNDER 1 MONTH 18 12. UNDER 1 HOUR 13. UNDER 1 MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EARNING

10b. KIND OF BUSINESS OR INDUSTRY OWN FARM

11. BIRTHPLACE (City and State or Foreign Country) PILOT OAK KENTUCKY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIAM B TURNBOW 13b. MOTHER'S MAIDEN NAME MARTHA J. SEAY 14. NAME OF HUSBAND OR WIFE HALLIE ELSIE TURNBOW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) X XXX

16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME Hallie Elsie Turnbow Holden Mo ADDRESS Holden Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis

ANTECEDENT CAUSES DUE TO (b) Paralysis agitans

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) 350X

INTERVAL BETWEEN ONSET AND DEATH 5 YR

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan 12, 1952, to Feb 23, 1953, that I last saw the deceased alive on Feb 22, 1953, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Kelly Rawlins M.D. 23b. ADDRESS Holden Mo 23c. DATE SIGNED 2/27/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 2-26-53 24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery 24d. LOCATION (City, town, or county) (State) Holden Mo

DATE REC'D BY LOCAL REG. 2-28-1953 REGISTRAR'S SIGNATURE Mr. James Redford 25. FUNERAL DIRECTOR'S SIGNATURE Canaday & Kopp ADDRESS Holden Mo

(Licensed Embalmer's Statement on Reverse Side)

S. No. 300
v. 10-48

0510

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

DEPARTMENT OF HEALTH
FEB 27 1953
JOHNSON COUNTY HEALTH DEPT.

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

M J Conaday

Licensed Embalmer No. *3424*

P. O. Address *Holden, 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.