

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15051

State File No.

No. 300
10.48

FILED MAY 4 1953

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4340 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stoutsville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stoutsville 0690	
c. LENGTH OF STAY (In this place) 5 Yrs.		d. STREET ADDRESS (If rural, give location) # # # 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION # # #			
3. NAME OF DECEASED (Type or Print) a. (First) Cecil b. (Middle) Monroe c. (Last) Turnbough		4. DATE OF DEATH (Month) (Day) (Year) Apr. 29, 1953.	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 28, 1883
9. AGE (In years last birthday) 69		10. UNDER 1 YEAR (Months) 10	11. UNDER 1 HR. (Hours) 1 (Mins.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming	11. BIRTHPLACE (City and State or Foreign Country) Monroe Co., Missouri
12. CITIZEN OF WHAT COUNTRY U. S. A.			
13a. FATHER'S NAME Andrew A. Turnbough		13b. MOTHER'S MAIDEN NAME Elizabeth L. Dowell	14. NAME OF HUSBAND OR WIFE Mary E. Turnbough
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No. # #		16. SOCIAL SECURITY NO. # # #	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Clarence Baker, Paris, Missouri.
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) Coronary Arteriosclerosis ANTECEDENT CAUSES (b) WHD - 3 Blms 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 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) 331 X 1	
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 Apr. 26, 1953 to Apr. 29, 1953 , that I last saw the deceased alive on Apr. 26, 1953 , and that death occurred at 3:30A m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Geo M. Barnett, M.D.		23b. ADDRESS Paris, Missouri	23c. DATE SIGNED 4-29-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-30-53	24c. NAME OF CEMETERY OR CREMATORY Stoutsville Cem.	24d. LOCATION (City, town, or county) (State) Stoutsville, Missouri.
DATE REC'D BY LOCAL REG. 4-30-53	REGISTRAR'S SIGNATURE F. A. Barnett, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Speed & Blakey, PARIS, MISSOURI	

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

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MAY 1953

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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.