

FILED JUN 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19819

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 5874 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Oregon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Alton--King</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Alton rural King</u>	
c. LENGTH OF STAY (In this place) <u>lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ELIZABETH</u>	b. (Middle) <u>SIMPSON</u>	c. (Last) <u>TURNER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 5, 1954</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>August 25, 1872</u>	9. AGE (In years last birthday) <u>81</u>	10. UNDER 1 YEAR <u>9</u> Months	11. UNDER 1 YEAR <u>10</u> Days	12. UNDER 1 YEAR <u>0</u> Hours	13. UNDER 1 YEAR <u>0</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Alton, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Wright Simpson</u>	13b. MOTHER'S MAIDEN NAME <u>Samantha Cates</u>	14. NAME OF HUSBAND OR WIFE <u>J.L.C. Turner</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lottie Sisco</u>	ADDRESS <u>Alton, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile Changes</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Age and Pneumonia</u> DUE TO (c) <u>Cardiac Failure</u>		
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"/>
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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) <u>Alton Oregon Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 3-15-1952 to 4-15-1954, that I last saw the deceased alive on 4-15-1954, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William Carbal D.O.</u>	23b. ADDRESS <u>Alton, Mo.</u>	23c. DATE SIGNED <u>6-10-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/7/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bailey Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Oregon Co., Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 19 1954</u>	REGISTRAR'S SIGNATURE <u>Maow Johnson</u>	25. FUNERAL DIRECTOR'S SIGNATURE (Address) <u>Alton, Mo.</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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 *James A. ...*

Licensed Embalmer No. 4576

P. O. Address *... ..*

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.