

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10820**

FILED APR 14 1955

BIRTH NO. _____ REG. DIST. NO. **366** PRIMARY REG. DIST. NO. **4536** Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY Washington		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Potosi		c. CITY OR TOWN Potosi	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) life		e. STREET ADDRESS (If rural, give location) 907 Teasdale St	
d. FULL NAME OF HOSPITAL OR INSTITUTION 907 Teasdale St.			

3. NAME OF DECEASED (Type or Print) a. (First) Josephine b. (Middle) Turnbough c. (Last) Turnbough			4. DATE OF DEATH (Month) (Day) (Year) April, 7, 1955		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8-26-1870	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 7 Days 11 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Washington County, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Martin		13b. MOTHER'S MAIDEN NAME Rebecca Gilliam		14. NAME OF HUSBAND OR WIFE Thomas Turnbough	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William Turnbough, Potosi, Mo	

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 5 min. 5 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIO SCLEROSIS		
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 4201		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) (Min.)		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 **1947**, 19____, to **4-7**, 19**55**, that I last saw the deceased alive on **April 7**, 19**55**, and that death occurred at **8:15 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward S. Lake		23b. ADDRESS 415 E. High Potosi, Mo.		23c. DATE SIGNED April 8, 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-9-1955	24c. NAME OF CEMETERY OR CREMATORY New Masonic Cemetery	24d. LOCATION (City, town, or county) (State) POTOSI, MO		

DATE REC'D BY LOCAL REG. 4/8/55	REGISTRAR'S SIGNATURE Arbuckle	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Potosi, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

APR 12 1955

WASH. COUNTY HEALTH DEPT.

File No: _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by _____, Student Embalmer No. _____

working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed *Mary M. Smith*

Licensed Embalmer No. 43

P. O. Address P.O.S.I., M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.