

FILED JUL 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20744

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1413

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

3. NAME OF DECEASED (Type or Print) a. (First) Katie	b. (Middle) Bales	c. (Last) Turley	4. DATE OF DEATH (Month) (Day) (Year) June 19, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Jan. 30, 1879	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home,	11. BIRTHPLACE (City and State or Foreign Country) Freemont, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME PARNELL DALES	13b. MOTHER'S MAIDEN NAME POLLY SLUSHER	14. NAME OF HUSBAND OR WIFE Enoch Turley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs. Warren Kavanaugh,	ADDRESS Imperial, Mo.
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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, asthenia, 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) Chronic Myocarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c) Hypertension Heart Disease		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
		443X	

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 May 5, 1955 to June 19, 1955 that I last saw the deceased alive on June 17, 1955, and that death occurred at 5:15 a. m., from the causes and on the date stated above.

23a. SIGNATURE R. J. Dawson	(Degree or title) M.D.	23b. ADDRESS 932 Newport Market, Irons Bldg.	23c. DATE SIGNED 6/20/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-19-55	24c. NAME OF CEMETERY OR CREMATORY TURLEY CEMETERY	24d. LOCATION (City, town, or county) (State) VanBuren, Mo.
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DATE REC'D BY LOCAL REG. 6/21/55	REGISTRAR'S SIGNATURE Herbert R. Donker, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe,	ADDRESS 4700 Washington Blvd.
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(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 365

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.