

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **449**

FILED JAN 31 1956

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) Fulton		c. CITY OR TOWN Fourbon Twp.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 1 week		e. STREET ADDRESS (If rural, give location) RFD 5 Fulton Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Nona b. (Middle) Turley c. (Last) Baker			4. DATE OF DEATH (Month) (Day) (Year) Jan. 21, 1956		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed		8. DATE OF BIRTH May 5, 1884		9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Callaway County Mo				12. CITIZEN OF WHAT COUNTRY? USA			
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13a. FATHER'S NAME James Turley			13b. MOTHER'S MAIDEN NAME Mattie Beeding			14. NAME OF HUSBAND OR WIFE _____					
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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) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Nelson Baker								ADDRESS Millersburg 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH 1 week	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ac. Bronchopneumonia											
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 491X											
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis										years	

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) _____	
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 1/18, 1956, **to** 1/21, 1956 **that I last saw the deceased alive on** 1/20, 1956, **and that death occurred at** 2:30 a.m., **from the causes and on the date stated above.**

23a. SIGNATURE (Degree or title) Henry D. Smith M.D.				23b. ADDRESS Fulton Mo.				23c. DATE SIGNED 1/21/56			
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 22/56		24c. NAME OF CEMETERY OR CREMATORY Millersburg				24d. LOCATION (City, town, or county) (State) Millersburg Mo.			
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DATE REC'D BY LOCAL REG. Jan 28-1956		REGISTRAR'S SIGNATURE Martha Lawrence				25. FUNERAL DIRECTOR'S SIGNATURE Margen F. H. Fulton				ADDRESS Fulton Mo			
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

APR 23 1958

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. 2555
P. O. Address Milton

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.