

FILED JAN 18 1956

STANDARD CERTIFICATE OF DEATH

State File No. 898

BIRTH NO. REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 486 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sullivan Mo		c. LENGTH OF STAY (In this place) 33yr, 5	c. CITY OR TOWN Sullivan
d. FULL NAME OF HOSPITAL OR INSTITUTION 328 Hobart		e. STREET ADDRESS (If rural, give location) 328 Hobart	

3. NAME OF DECEASED (Type or Print) a. (First) Lawrence b. (Middle) William c. (Last) Turnbull			4. DATE OF DEATH (Month) (Day) (Year) 1 8 1956		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-7-1894		9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Days 1	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction Work		10b. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTHPLACE (City and State or Foreign Country) Washington County 0		12. CITIZEN OF WHAT COUNTRY? U.S.A		

13a. FATHER'S NAME James Turnbull	13b. MOTHER'S MAIDEN NAME Emily Douglas	14. NAME OF HUSBAND OR WIFE Annie Susan Turnbull	
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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)	16. SOCIAL SECURITY NO. 498-01-5773	17. INFORMANT'S SIGNATURE OR NAME Mrs Turnbull		ADDRESS Sullivan Mo	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis					Minutes
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES				
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
	DUE TO (b) _____				
	DUE TO (c) _____				4201
	II. OTHER SIGNIFICANT CONDITIONS				
	Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Pneumonia Arteriosclerosis				2 wks. 7 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 Jan 8, 1956, to Jan 8, 1956, that I last saw the deceased alive on Jan 8, 1956, and that death occurred at 8:22 p.m., from the causes and on the date stated above.

23a. SIGNATURE Robert J. Campbell MD	(Degree or title)	23b. ADDRESS Sullivan Mo	23c. DATE SIGNED Jan 9, 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-11-56	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F Cemetery	24d. LOCATION (City) town, or county Sullivan Mo (State)
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DATE REC'D BY LOCAL REG. 1-12-56	REGISTRAR'S SIGNATURE Thomas A. Ampley 496	25. FUNERAL DIRECTOR'S SIGNATURE The R. Shaffer	ADDRESS Sullivan Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 16 1938

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Paul F. Knollenberg.....

Licensed Embalmer No. 265.....

P. O. Address Sullivan.....

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.