S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9317

FILED APR 8 - 1957

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brookfield
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Linn
c. CITY OR TOWN: Brookfield
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 116 E John 0582 0

3. NAME OF DECEASED (Type or Print)
a. (First): Nora
b. (Middle): May
c. (Last): Turpin

4. DATE OF DEATH (Month) (Day) (Year): Apr 1 1957

5. SEX: F 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Aug 24 1885
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): St Catherine Mo 0
12. CITIZEN OF WHAT COUNTRY? N.S.A.

13a. FATHER'S NAME: James ~~Cody~~ Laque
13b. MOTHER'S MAIDEN NAME: Alice Birdie Cody
14. NAME OF HUSBAND OR WIFE: Osee Turpin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Clifford Turpin ADDRESS:

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)	Uremia	3 wks.
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic nephritis	3 yrs.
DUE TO (c)	Generalized arteriosclerosis	10 yrs.
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	5 yrs.

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION: —
446X
20. AUTOPSY? 2 YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-16-, 1954, *to* 4/1, 1957, *that I last saw the deceased alive on* 4-1, 1957, *and that death occurred at* 5 8 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. W. Bahrsen M.D.
23b. ADDRESS: Brookfield Mo
23c. DATE SIGNED: 4/2/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr 4
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Brookfield Mo.

DATE REC'D BY LOCAL REG.: 4-3-57
REGISTRAR'S SIGNATURE: Katharine Johnson Dep
25. FUNERAL DIRECTOR'S SIGNATURE: Homer I Bowden ADDRESS: Brookfield Mo

(Licensed Embalmer's Statement on Reverse Side)

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

167 0

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...Homer L. Bowden.....

Licensed Embalmer No..3295...

P. O. Address Brookfield

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