

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

19766
State File No.

FILED JUN 14 1957

BIRTH NO. _____		REG. DIST. NO. <u>325</u>		PRIMARY REG. DIST. NO. <u>4476</u> Registrar's No. <u>20</u>	
1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Downing</u>		c. LENGTH OF STAY (In this place) <u>25 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Downing</u>		d. STREET ADDRESS (If rural, give location) <u>0980</u>
3. NAME OF DECEASED (Type or Print) a. (First) <u>Tabitha</u> b. (Middle) <u>Adeline</u> c. (Last) <u>Elston</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 4, 1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 1, 1865</u>	9. AGE (In years last birthday) <u>92</u>	10. IF UNDER 1 YEAR Days <u>5</u> Hours <u>3</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Agency, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>T. H. Turner</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Kennedy</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Anna Ruge, Des Moines, Ia.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>12-31-57</u> <u>Dec. 12-56</u> <u>Aug 27, 27</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>2</u> 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) <u>4222</u>			
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 <u>12-31, 1956</u> , to <u>5-27, 1957</u> , that I last saw the deceased alive on <u>5-27-57</u> , 19 <u>57</u> , and that death occurred at <u>7 P. M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>Sancaaster Mo</u>		23c. DATE SIGNED <u>6-5-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-5-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cone Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>near Downing, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>6.5.57</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Moore Funeral Home Downing, Mo.</u>		

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

35

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Neal Payne

Signed.....
Student Embalmer

Licensed Embalmer No. 2550

P. O. Address Memphis, Mo.

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 this body is not embalmed, fact should be so stated above.