

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32573**

FILED SEP 20 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **179** PRIMARY REG. DIST. NO. **5667** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural (Bedford)</b>		c. CITY OR TOWN <b>Winfield</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>8hr.</b>		e. STREET ADDRESS (If rural, give location) <b>0570</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lincoln County Memorial Hoop.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>PEARL</b>	b. (Middle) <b>VINCIL</b>	c. (Last) <b>TURNBULL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 5, 1957</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>July 15, 1904</b>	9. AGE (In years last birthday) <b>53</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>20</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Construction Worker</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Troy MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Frank Turnbull</b>	13b. MOTHER'S MAIDEN NAME <b>Edna Ricks</b>	14. NAME OF HUSBAND OR WIFE <b>"</b>
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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) <b>None</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Edna Turnbull</b>	ADDRESS <b>Winfield Mo.</b>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PULMONARY EMBOLUS</b>		<b>48 HRS</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>PHLEBOTROMBOSIS</b> DUE TO (c) <b>VENOUS STASIS 2° TO BED REST</b>		<b>7 DAYS</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>CERVICAL SPIRE DISLOCATION</b>	<b>4 WKS</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>ACCIDENT</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>STREET</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>WINFIELD, MO 057</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>8 10 57 11:07</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>AUTO ACCIDENT</b>
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22. I hereby certify that I attended the deceased from **8-13**, 19**57**, to **9-5**, 19**57**, that I last saw the deceased alive on **9-15-57**, 19**57**, and that death occurred at **4:02 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Louis P. Heltz, MD</b>	23b. ADDRESS <b>370 E. WOOD, TROY, MO</b>	23c. DATE SIGNED <b>9/10/57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept. 8, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>hornhill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Lincoln County Mo.</b>
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DATE REC'D BY LOCAL REG. <b>9-20-57</b>	REGISTRAR'S SIGNATURE <b>Mrs. Q. L. Ricks</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D. W. Mc Coy</b>	ADDRESS <b>Troy, Mo</b>
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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

1620

SEP 23 1957

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..... *D. W. McHenry*

Licensed Embalmer No. *3586*

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