

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018740
State File No.

FILED JUN 11 1958

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 272

1. PLACE OF DEATH
a. COUNTY Jasper
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin
c. LENGTH OF STAY (In this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Kansas b. COUNTY Cherokee
c. CITY OR TOWN Galena 4150 1/2
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) West 8th St.

3. NAME OF DECEASED a. (First) Hannah b. (Middle) Melinda c. (Last) Turley
4. DATE OF DEATH (Month) (Day) (Year) June 3, 1958

5. SEX Fem. 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH 12/28/1872 9. AGE (In years last birthday) 85 yrs. UNDER 1 YEAR Months UNDER 1 YEAR Days UNDER 1 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Homework 11. BIRTHPLACE (City and State or Foreign Country) Galena, Kansas 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Steven Baker 13b. MOTHER'S MAIDEN NAME Mary Shoe 14. NAME OF HUSBAND OR WIFE Marion Turley (Deceased)

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. None 17. INFORMANT'S SIGNATURE OR NAME Lena Murray ADDRESS Galena, Kansas

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, ashenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c) Arteriosclerosis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Anemia, Nutritional
INTERVAL BETWEEN ONSET AND DEATH
6 mos
20 yrs
20 yrs
6 mos

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 4500 20. AUTOPSY? 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) _____ 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 29 May, 1958, to 3 June, 1958, that I last saw the deceased alive on 3 June, 1958, and that death occurred at 4:55 pm., from the causes and on the date stated above.

23a. SIGNATURE Robert Paul (Degree or title) MD 23b. ADDRESS Galena, Kans 23c. DATE SIGNED 4 June 58

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 6/4/58 24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery 24d. LOCATION (City, town, or county) (State) Galena, Kansas

DATE REC'D. BY LOCAL REG. 6-4-58 REGISTRAR'S SIGNATURE Novo Merriam 25. FUNERAL DIRECTOR'S SIGNATURE Lloyd Kitch ADDRESS Galena, Kansas

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

County File Number 5118
Date Filed: JUN 10 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 Stene Parker.....

Licensed Embalmer No. 254.....

P. O. Address Goplin m.....

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.