

t. Health,
& Welfare
S. Public
th Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019431

STATE FILE NUMBER

FILED JUN 10 1958

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 212

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Twp. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Farmington 0940 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD #2, Farmington, Mo. Length of stay in lb		d. STREET ADDRESS (If outside, give location) Rural Route # 2 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Myrtle Middle I. Last Turley			4. DATE OF DEATH Month May Day 31 Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 30, 1894
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months 7 Day 1	IF UNDER 24 HRS. Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Francois Co., Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Andrew Smith	13b. MOTHER'S MAIDEN NAME Elba Morris
14. NAME OF HUSBAND OR WIFE		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. 489-32-7721
17. INFORMANT Address Mrs Laverne Cunningham Farmington, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Gallbladder Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) 1551 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).	
INTERVAL BETWEEN ONSET AND DEATH 8 months		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT <input type="checkbox"/> WORK	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Oct 17, 1957 to May 31, 1958 and last saw her alive on May 31, 1958 Death occurred at 8 03 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Alvan Karkaker M.D.		22b. ADDRESS Farmington, Mo	
22c. DATE SIGNED 6.2.58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 6/3/58		23c. NAME OF CEMETERY OR CREMATORY Three Rivers Cemetery	
23d. LOCATION (City, town, or county) Farmington, Missouri		23e. STATE	
24. FUNERAL DIRECTOR Miller Funeral Home ADDRESS Farmington, Mo.		25. DATE RECD. BY LOCAL REG. June 2, 1958	
26. REGISTRAR'S SIGNATURE Ether Rudloff			

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 *Carl J. Miller*

Licensed Embalmer No. *3752*

P. O. Address *Farming*

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.