

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017174

STATE FILE NUMBER

FILED MAY 25 1959 Registration District No. 82 Primary Registration District No. 5310 Registrar's No. 69

300
1-57

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamine Township Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Blackwater Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION South of Arrow Rock months		Length of stay in lb 0278 d. STREET ADDRESS (If outside, give location) Streets not numbered Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Jessie Adderton Turley			4. DATE OF DEATH Month Day Year May 20, 1959		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 19, 1865	9. AGE (In years last birthday) 94 IF UNDER 1 YEAR: Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Cooper County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John D. Turley	13b. MOTHER'S MAIDEN NAME Harriet Pearson	14. NAME OF HUSBAND OR WIFE -----
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Jewell Fenical Blackwater, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion DUE TO (b) Hypertensive heart disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 30 min.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? 4201 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Mch. 24, 1950, to May 20, 1959 and last saw her alive on May 17, 1959
Death occurred at 9:30 pm. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: <i>Paulsen, M.D.</i> (Degree or title)	22b. ADDRESS Marshall, Mo.	22c. DATE SIGNED May 21, 1959
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-23-59	23c. NAME OF CEMETERY OR CREMATORY Lamine Cemetery	23d. LOCATION (City, town, or county) (State) Cooper County, Mo.
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24. FUNERAL DIRECTOR Cambell-Lewis	ADDRESS Marshall, Mo.	25. DATE RECD. BY LOCAL REG. 5/21/59	26. REGISTRAR'S SIGNATURE <i>H. Hooper</i>
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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

MEDICAL CERTIFICATION

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 *RW Campbell Jr*

Licensed Embalmer No. *3869*

P. O. Address *Marshall*

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.