

Health, Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018805
STATE FILE NUMBER

FILED JUN 10 1959 Registration District No. 301 Primary Registration District No. Registrar's No. 34

1. PLACE OF DEATH a. COUNTY RIPLEY.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE MISSOURI. b. COUNTY RIPLEY.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NAYLOR.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN NAYLOR.
c. FULL NAME OF (If NOT, in hospital, give location) HOSPITAL OR INSTITUTION Public Road.		Length of stay in lb 10 years.	09/18 0 STREET ADDRESS Public Road.

3. NAME OF DECEASED (Type or print) First Middle Last HAMILTON EUGENE TURBB.			4. DATE OF DEATH Month Day Year MAY 23-1959.		
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5. SEX MALE.	6. COLOR OR RACE WHITE.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 11-1899	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TEACHER + LABORER, Public Schools, Butler Co., - Missouri.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) O	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME JAMES M. TURBB.	13b. MOTHER'S MAIDEN NAME LEONA TRIBBLE.	14. NAME OF HUSBAND OR WIFE LETHA L. TURBB.
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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.	17. INFORMANT Address MRS. LETHA TURBB - NAYLOR - 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) 22 CAL. RIFLE BULLET ENTERED THORACIC IMMEDIATE CAVITY DIRECTLY OVER THE HEART AND SLIGHTLY TO THE LEFT OF THE MEDIAN LINE.		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) SHOT WAS FIRED FROM A 22 CAL. WINCHESTER SINGLE SHOT, BOLT ACTION RIFLE.
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20c. TIME OF INJURY Hour a.m. p.m. MAY 23-59	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) AT HOME.	20f. CITY, TOWN, OR LOCATION NAYLOR,	COUNTY RIPLEY,	STATE MISSOURI.
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21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at APPROX. 11:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.		
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22a. SIGNATURE (Degree or title) Ray Meador, Coroner.	22b. ADDRESS Doniphan, Missouri.	22c. DATE SIGNED 5/27/59.
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL.	23b. DATE MAY 26-1959.	23c. NAME OF CEMETERY OR CREMATORY MASONIC CEMETERY.	23d. LOCATION (City, town, or county) (State) NAYLOR - MISSOURI.
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24. FUNERAL DIRECTOR ADDRESS EDWARDS-PARRENT - NAYLOR, Mo.	25. DATE RECD. BY LOCAL REG. 6-1-59	26. REGISTRAR'S SIGNATURE Flava Broz
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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 *Gene H. Parent*

Licensed Embalmer No. *4809*
P. O. Address *Naylor, Ma*

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.