URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 6 1959

59-037229

STATE FILE NUMBER

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 243

ENDED

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly — Length of stay in 1b 3 Years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) At home, 814 So. 5th — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri — b. COUNTY Randolph
c. CITY OR TOWN Moberly — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 814 So. 5th. St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Ethel — Middle Holman — Last Turley

4. DATE OF DEATH Month October Day 26 Year 1959

5. SEX Female

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH June 24, 1890

9. AGE (last birthday) 69 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR 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 Own home

11. BIRTHPLACE (City and state or country) Edina, Missouri.

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William Clickner

13b. MOTHER'S MAIDEN NAME Anette Hammond

14. NAME OF HUSBAND OR WIFE John Turley.

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. ------

17. INFORMANT Address Mrs. L. A. Odmonston, Moberly, 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) Marasmus & Debilitation — INTERVAL BETWEEN ONSET AND DEATH 3 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Carcinomatosis — 6 months

DUE TO (c) Carcinoma of Colon — not known

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 WORK ☐ NOT WHILE AT 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 8-1-58, to 10-26-59 and last saw her alive on 10-26-59

Death occurred at 11:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M Holler D.O.

22b. ADDRESS Moberly, Mo

22c. DATE SIGNED 10-26-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Oct. 28, 1959

23c. NAME OF CEMETERY OR CREMATORY Old Lamine

23d. LOCATION (City, town, or county) (State) Cooper County, Mo.

24. FUNERAL DIRECTOR ADDRESS Goodman & Boller, Boonville, Mo.

25. DATE RECD. BY LOCAL REG. 10-28-59

26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

DEC 8 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed William W. Wood

Signature of Student Embalmer

Licensed Embalmer No. 4539

P. O. Address Boonville, Mis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.