URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 10 1959

59–039354

STATE FILE NUMBER

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 114

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Excelsior Springs
Length of stay in 1b: 30 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Excelsior Hospital
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Clay
c. CITY OR TOWN: Excelsior Springs
Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): Rt. #2
Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: ORLANDO Middle: LEROY Last: TURPIN

4. DATE OF DEATH: Month: Nov Day: 26 Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐

8. DATE OF BIRTH: 1-7-1905

9. AGE (last birthday): 54

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): Baker

10b. KIND OF BUSINESS OR INDUSTRY: Baking

11. BIRTHPLACE (City and state or country): Sumner, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Robert L. Turpin

13b. MOTHER'S MAIDEN NAME: Delia Banning

14. NAME OF HUSBAND OR WIFE: Mollie R. Turpin

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.: 491-10-5777

17. INFORMANT: Mrs. Fanny Young Address: Rt #2 Ex. Spr. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): General debility — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Bronchogenic Ca, inoperable. — 2 yrs.
DUE TO (c):

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 2/27/58, to 11/26/59 and last saw her/him alive on 11/26/59
Death occurred at 1/45 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: David Musgrave M.D. (Degree or title)

22b. ADDRESS: Excelsior Springs, Mo

22c. DATE SIGNED: 12/1/59

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

23b. DATE: 11-28-59

23c. NAME OF CEMETERY OR CREMATORY: Crown Hill

23d. LOCATION (City, town, or county) (State): Excelsior Springs Mo

24. FUNERAL DIRECTOR: Prichard Funeral Home, Inc.
ADDRESS: Excelsior Springs, Missouri

25. DATE RECD. BY LOCAL REG.: 12/4/59

26. REGISTRAR'S SIGNATURE: Caroline Hutchings

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF

DOCUMENT

ENDED

US DEC 10 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

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lindell Jarman

Licensed Embalmer No. 4589

P.O. Address Excelsior Springs

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