

DURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041389

FILED VS DEC 9 1959 301

STATE FILE NUMBER

Registration District No. 301 Primary Registration District No. _____ Registrar's No. 70

UNRECORDED

1. PLACE OF DEATH a. COUNTY <u>Ripley</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Remick</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PINE TOWNSHIP</u>		Length of stay in 1b <u>5 DAYS</u>	c. CITY OR TOWN <u>Hayti</u>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ABOUT 5 MI. N.E. OF BARDLEY</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>UNKNOWN</u>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>Elmer</u> Middle <u>Hobson</u> Last <u>Turnage</u>			4. DATE OF DEATH Month <u>November</u> Day <u>20</u> Year <u>1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-12-1900</u>	9. AGE (last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Recreation Parlor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Pool Room</u>		11. BIRTHPLACE (City and state or country) <u>UNKNOWN</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>George Turnage</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Adams</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT <u>W. Turnage, Rep. 161, Hayti, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>30 CAL. GUN SHOT WOUND THROUGH THE HEAD.</u> DUE TO (b) <u>BULLET ENTERED BODY UNDER THE CHIN AND EMERGED THROUGH FOREHEAD.</u> DUE TO (c) <u>LEFT CHEEK BADLY TORN FROM CONCUSSION OF SHELL</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 checked="" 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.) <u>SELF INFLECTED WHILE DEER HUNTING.</u>			
20c. TIME OF INJURY Hour <u>4:00 p.m.</u> Month, Day, Year <u>Nov. 20, 1959</u>					

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.) <u>IN THE DEER WOODS.</u>	20f. CITY, TOWN, OR LOCATION <u>PINE TOWNSHIP, RIPLEY, MISSOURI.</u>	COUNTY	STATE
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>APPROX. 4:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>Ray Meador; Coroner.</u>		22b. ADDRESS <u>DONIPHAN, MISSOURI.</u>		22c. DATE SIGNED <u>11/21/59.</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal.</u>	23b. DATE <u>11-21-59.</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple Cemetery.</u>	23d. LOCATION (City, town, or county) (State) <u>Caruthersville, Missouri.</u>	
24. FUNERAL DIRECTOR <u>John W. German, Hayti, Mo.</u>		25. DATE FILED BY LOCAL REG. <u>Nov. 21, 1959.</u>	26. REGISTRAR'S SIGNATURE <u>Flava Broz</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS DEC 9 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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ray Meant

Licensed Embalmer No. 3743

P. O. Address Doniphant, C

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.