

URL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 5 1 2

FILED VS JAN 15 1960

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 7 STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY Butler | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff | | Length of stay in 1b Many Yrs. | c. CITY OR TOWN Poplar Bluff Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lucy Lee Hosp | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) R. R; # 4. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Elizabeth Middle Turley Last Turley | | | 4. DATE OF DEATH Month Dec. Day 8, Year 1959 | | | |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 10/26/85 | 9. AGE (last birthday) 74 | IF UNDER 1 YEAR Months 1 Days 12 Hours Min. | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Norris Ci ty, Ill | 12. CITIZEN OF WHAT COUNTRY U. S.A |
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| 13a. FATHER'S NAME Rush Monroe Steward | 13b. MOTHER'S MAIDEN NAME Mary Jane Zuch | 14. NAME OF HUSBAND OR WIFE Deceased. |
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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 Bimel Turley, Poplar Bluff. p |
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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) Cerebral hemorrhage | | INTERVAL BETWEEN ONSET AND DEATH 3 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Generalized arteriosclerosis. | |
| | DUE TO (c) Unknown. | |

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| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 19. WAS AUTOPSY PERFORMED? 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 WORK <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 Poplar Bluff, Missouri |
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| 21. I attended the deceased from 12/7/59 to 12/8/59 and last saw de alive on 12/8/59 Death occurred at 11:45 P. M. on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE John R. Loughead MD (Degree or title) | 22b. ADDRESS 330 N. 2nd St. - Poplar Bluff, Mo | 22c. DATE SIGNED 12/30/59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12/11/59 | 23c. NAME OF CEMETERY OR CREMATORY City Cemetery | 23d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri |
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| 24. FUNERAL DIRECTOR Frank-Cotrell Chapel, Poplar Bluff, Mo. ADDRESS | 25. DATE REC'D. BY LOCAL REG. 1/5/60 | 26. REGISTRAR'S SIGNATURE Bohnetree |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Charles E Mungle

Licensed Embalmer No. 4977

P. O. Address Poplar Bluff

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

sent over to [unclear] 02/26