

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017189

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. _____ Registrar's No. 78

AMENDED

<p>FILED JUN 12 1961</p> <p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Harrison</u></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Mo.</u> b. COUNTY <u>Harrison</u></p>	
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Gilman City-Adams Twp.</u> Length of stay in 1b <u>life</u></p>		<p>c. CITY OR TOWN <u>Gilman City</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>residence</u></p>		<p>d. STREET ADDRESS (If outside, give location) <u>Adams Twp. Gilman City, Mo.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>Lura May Turley</u></p>			<p>4. DATE OF DEATH Month Day Year <u>6-8-1961</u></p>
<p>5. SEX <u>Female</u></p>	<p>6. COLOR OR RACE <u>W.</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>5-2-99</u></p>
<p>9. AGE (last birthday) <u>62</u></p>		<p>IF UNDER 1 YEAR Months <u>1</u> Days <u>3</u></p>	<p>IF UNDER 24 HR Hours <u>3</u> Min. <u></u></p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>x</u></p>	<p>11. BIRTHPLACE (City and state or country) <u>Harrison Co., Mo.</u></p>
<p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>		<p>13a. FATHER'S NAME <u>Geo. Corbin</u></p>	
<p>13b. MOTHER'S MAIDEN NAME <u>Carrie Forson</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>Okel Turley</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u></p>		<p>16. SOCIAL SECURITY NO. <u>none</u></p>	<p>17. INFORMANT Address <u>Okel Turley Gilman City, Mo. 0</u></p>
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p> <p>IMMEDIATE CAUSE (a) <u>Uremic Poisoning</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic Glomerulonephritis</u></p> <p>DUE TO (c) <u>Chronic Tuberculosis</u></p>			<p>INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>2 years</u> <u>4 years</u></p>
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>			<p>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</p>
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.</p>			
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>	<p>20f. CITY, TOWN, OR LOCATION</p>	<p>COUNTY STATE</p>
<p>21. I attended the deceased from <u>May 17 1961</u> to <u>June 8, 1961</u> and last saw her <u>alive</u> on <u>June 5, 1961</u> Death occurred at <u>10:00 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE (Degree or title) <u>H. D. Scamaron, D.O.</u></p>		<p>22b. ADDRESS <u>Bethany, Mo.</u></p>	<p>22c. DATE SIGNED <u>6-7-61</u></p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	<p>23b. DATE <u>6-11-61</u></p>	<p>23c. NAME OF CEMETERY OR CREMATORY <u>Coon Creek</u></p>	<p>23d. LOCATION (City, town, or county) (State) <u>Grunday Co. near Trenton, Mo</u></p>
<p>24. FUNERAL DIRECTOR ADDRESS <u>W.B. Haas Bethany, Mo.</u></p>		<p>25. DATE RECD. BY LOCAL REG. <u>6-10-1961</u></p>	<p>26. REGISTRAR'S SIGNATURE <u>Jella Mapey</u></p>

DATE AWARDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

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  _____

Licensed Embalmer No. _____

P. O. Address _____

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.