

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-015914

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5674 Registrar's No. 64

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 14 1962

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Snowhill</u>		Length of stay in 1b <u>6 yr.</u>	c. CITY OR TOWN <u>Troy MO.</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>11 mi. N.E. of Troy MO.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>11 N.E. of Troy Mo.</u>
3. NAME OF DECEASED (Type or print) First <u>HOWARD</u> Middle <u>C</u> Last <u>TURNBULL</u>		4. DATE OF DEATH Month <u>May</u> Day <u>4</u> Year <u>1962</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>Feb. 23, 1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clay Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>	9. AGE (last birthday) <u>78</u>
11. BIRTHPLACE (City and state or country) <u>Troy Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Morgan Turnbull</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Elston</u>	14. NAME OF HUSBAND OR WIFE <u>Lott Turnbull</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	
17. INFORMANT <u>Bernee Simpson Foley MO.</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Toxemia + inanition</u> DUE TO (b) <u>CARCINOMATOSIS</u> DUE TO (c) <u>Adenocarcinoma of Rectum</u> 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			INTERVAL BETWEEN ONSET AND DEATH
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year		
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	COUNTY STATE
21. I attended the deceased from <u>8-9-61</u> to <u>May 4, 1962</u> and last saw <sup>her</sup> him alive on <u>5-3-62</u>		Death occurred at <u>8:00 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>Adrian Hombes MD</u>		22b. ADDRESS <u>Troy, MO</u>	22c. DATE SIGNED <u>5-5-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 6, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Thornhill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Lincoln County MO</u>
24. FUNERAL DIRECTOR <u>D.W. McCoy Troy MO</u>		25. DATE RECD. BY LOCAL REG. <u>5-5-1962</u>	26. REGISTRAR'S SIGNATURE <u>Charlotte Leek</u>

MAY 15 1962

**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 D. W. McBay

Licensed Embalmer No. 35086

P. O. Address Troy Mo.

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.