MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033408
STATE FILE NUMBER

Registration District No. 338 Primary Registration District No. 6148 Registrar's No. 26

FILED SEP 6 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 1030
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

1. PLACE OF DEATH a. COUNTY STODDARD

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY STODDARD

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PUXICO — Length of stay in 1b 7 Years

c. CITY OR TOWN PUXICO — Inside Limits Yes ☐ No ☒

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) RURAL ROUTE # 1 — Inside Limits Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) ROUTE # 1 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First HENRY Middle CLAY Last TURMAN

4. DATE OF DEATH Month AUGUST Day 19, Year 1962

5. SEX MALE

6. COLOR OR RACE WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH OCT. 19, 1897 - 64yrs.

9. AGE (last birthday) 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) FARMING

10b. KIND OF BUSINESS OR INDUSTRY FARMING

11. BIRTHPLACE (City and state or country) SULLIGANT, ALA.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME MELTON TURMAN

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE LEOTA PAULINE SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of servic

16. SOCIAL SECURITY NO. [redacted]7

17. INFORMANT LEOTA TURMAN, Address PUXICO, MO.

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute thrombosis of coronary artery — INTERVAL BETWEEN ONSET AND DEATH immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Coronary artery atherosclerosis — unk.

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 Aug. 5, 1962, to death and last saw her/him alive on Aug 7, 1962

Death occurred at 1:40 p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Jean A. Chapman, M.D.

22b. ADDRESS 1902 Broadway Cape Girardeau Mo.

22c. DATE SIGNED 23 Aug 62

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

23b. DATE AUG. 22, 1962

23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK

23d. LOCATION (City or town) MALDEN, (State) MO.

24. FUNERAL DIRECTOR DAY & KNIGHT F.H. ADDRESS MALDEN, MO.

25. DATE RECD. BY LOCAL REG. August 31, 1962

26. REGISTRAR'S SIGNATURE Doris S. Leggett

(Licensed Embalmer's Statement on Reverse Side)

SEP 7 1962

MAR 22 1963

APR 12 1963

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 J. R. Schaumann

Licensed Embalmer No. 4086

P. O. Address MALDEN

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.