

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

164-62-043635

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 273

Primary Registration District No. 164

Registrar's No.

FILED NOV 21 1962

VS 300
Rev. 4/59

10790

2790

3

4 0

5 1

6

7 0

8 2

9776X

10

11

12 90-3

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Perry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Central Twp.		c. CITY OR TOWN Perryville	Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Perryville, R.I.		d. STREET ADDRESS (If outside, give location) R.I.	Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) Henry Francis Turlin		4. DATE OF DEATH Month Nov. Day 13 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH Dec. 5 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Perry County, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Frank Turlin	
13b. MOTHER'S MAIDEN NAME Mary Blanche		14. NAME OF HUSBAND OR WIFE Rosa Turlin	
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. 494-42-3606	
17. INFORMANT Edgar Turlin, Perryville, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shunt wound of head decapitation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Colonel of Perry County, Mo. DUE TO (c) Colonel of Perry County, Mo. 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.) 410 Shot	
20c. TIME OF INJURY Hour 11-13 Month, Day, Year 11-13-62	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Rt 1 Farm Home Perry Mo	20e. CITY, TOWN, OR LOCATION Perryville Perry Mo	20f. COUNTY Perry
21. I attended the deceased from _____, to _____ and last saw her alive on _____. Death occurred at 12:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE Wm Needman (Degree or title) Colonel of Perry County, Mo.		22b. ADDRESS Perryville Mo	22c. DATE SIGNED 11-14-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-15-62	23c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery, Silver Lake, Mo.	23d. LOCATION (City, town, or county) Silver Lake, Mo.
24. FUNERAL DIRECTOR Albert Bey, Perryville, Mo.		25. DATE RECD. BY LOCAL REG. 11-15-62	26. REGISTRAR'S SIGNATURE Joe J. Joellner

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

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,

Albert Brey, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 3866

P. O. Address Perryville, 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.