

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039236

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 3-8

Primary Registration District No. 4087

Registrar's No. 19

FILED NOV 4 1963

VS 300
Rev. 4/59

1 0180

2 0180

3

4 0

5 1

6

7 0

8 2

9 4222

10

11

12 9-2

13 10

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Carter		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carter	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Van Buren		Length of stay in lb Lifetime	c. CITY OR TOWN Van Buren Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Van Buren		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Gen. Del. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Rolla Middle Burton Last Turley			4. DATE OF DEATH Month 10 Day 31 Year 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-11-1875
10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 88 IF UNDER 1 YEAR Months 20 IF UNDER 24 HR Hours Min.
11a. FATHER'S NAME William O. Turley		11b. MOTHER'S MAIDEN NAME Margaret Snider	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> or unknown) (If yes, give war or dates of serv)		17. INFORMANT Hazel Turley Address Van Buren, Mo.	
13a. NAME OF HUSBAND OR WIFE Hazel Turley			14. NAME OF HUSBAND OR WIFE Hazel Turley
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema DUE TO (b) Congestive Myocardial Failure DUE TO (c) Advanced Age and Inanition Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) General Inanition and Debility			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
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 10-29-63 to _____ and last saw him alive on 10-30-63 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Lewis C. Jones MD		22b. ADDRESS Box 22 Van Buren, Mo.	22c. DATE SIGNED 11-2-63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-3-1963	23c. NAME OF CEMETERY OR CREMATORY Dry Valley	23d. LOCATION (City, town, or county) (State) Carter Co., Mo.
24. FUNERAL DIRECTOR McSpadden		25. DATE RECD. BY LOCAL REG. Nov. 2-1963	26. REGISTRAR'S SIGNATURE Mrs Oeta Henson

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 Allen C. McGovern

Licensed Embalmer No. 4543

P. O. Address Van Buren, 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.