

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37152

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 24 1948

State File No. \_\_\_\_\_

Registration District No. 163

Primary Registration District No. 3031

Registrar's No. 75

1. PLACE OF DEATH:  
(a) County Jefferson  
(b) City or town De Soto  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
305 East Rollins St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether)  
In this community 24 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Jefferson  
(c) City or town De Soto  
(If outside city or town limits, write "RURAL")  
(d) Street No. 305 East Rollins St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ida Mae Turley  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced 75  
6. (b) Name of husband or wife Henry F  
6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased Oct. 18<sup>th</sup> 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 0 25 hr. \_\_\_\_\_ min.

9. Birthplace French Village Mo. U  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business At Home

12. Name David T. Horn

13. Birthplace Hazel Run Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Augustine Bequette

15. Birthplace French Village Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. R. Billaville

(b) Address De Soto, Mo.

17. (a) Burial (b) Date thereof 11-16-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Park

18. (a) Signature of funeral director J. Lee Motherhead  
(b) Address De Soto, Mo.

19. (a) 11/18/48 (b) Marie Harris  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13<sup>th</sup>  
year 1948 hour 11 minute 45 A.M.  
21. I hereby certify that I attended the deceased from Nov., 1947  
to Nov. 13, 1948  
that I last saw her alive on Nov. 1, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis  
Due to Coronary arteriosclerosis

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 140  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
\_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature Thomas A. Donnell (M. D. or other) MD  
Address De Soto, Mo Date signed 11-15-48

Duration

45 minutes

One year +

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED  
DICKSON IN OFFICE No. 9,  
District No. 23  
Date Filed NOV 23 1948

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 Andrew H. England, Registered Apprentice No. 232, working under my personal supervision.

Signed J. S. Withershead  
Licensed Embalmer No. 3531  
P. O. Address Osato m

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 this body is not embalmed, fact should be so stated above.