

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027957

STATE FILE NUMBER

Registration District No. 319 Primary Registration District No. _____ Registrar's No. 26

AMENDED

FILED JUL 24 1961

1. PLACE OF DEATH a. COUNTY <u>Ste. Genevieve</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Ste. Genevieve</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Bonne Terre</u>		Length of stay in 1b <u>all her life</u>	c. CITY OR TOWN <u>Bonne Terre</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RFD # 1</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RFD. # 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>May</u> Middle <u>Didamie</u> Last <u>Turley</u>			4. DATE OF DEATH Month <u>July</u> Day <u>15</u> Year <u>1961</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/1/19</u>	9. AGE (last birthday) <u>82</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and state or country) <u>Ste. Genevieve County, Mo. U.S.</u>		12. CITIZEN OF WHAT COUNTRY _____

13a. FATHER'S NAME <u>Armeda Turley</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Cunningham</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT <u>Harvey Griffin, RFD # 1, Bonne Terre, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH <u>few min</u>
IMMEDIATE CAUSE (a) <u>myocardial infarction</u>			
DUE TO (b) <u>Arteriosclerotic heart Dis.</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <u>Senility</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 checked="" 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 checked="" 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>1955</u> to <u>July 15, 1961</u> and last saw her <u>alive</u> on <u>July 13, 1961</u> Death occurred at <u>10:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>R. A. Heuckstep M.D.</u>		22b. ADDRESS <u>Farmington, Mo.</u>		22c. DATE SIGNED <u>7/18/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>July 17, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Parkview Cemetery</u>	23d. LOCATION (City, town, or county) <u>Farmington, Mo.</u>	

24. FUNERAL DIRECTOR <u>Alvin W. Hood, Flat River, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>20 July 1961</u>	26. REGISTRAR'S SIGNATURE <u>George F. Wood</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

JUL 25 1961

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

Alvin D. Hood

Licensed Embalmer No. 2780

P. O. Address _____

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.