

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-049195

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 504

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

VS 300
Rev. 4/59

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20941
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED DEC 18 1963	
1. PLACE OF DEATH	
a. COUNTY St Francois	b. CITY (If outside corporate limits, give TOWNSHIP only) Farmington
c. FULL NAME OF (IF NOT in hospital, give location) 821 S. Jefferson St	Length of stay in 1b 7 yrs
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. STATE Mo	b. COUNTY St Francois
c. CITY OR TOWN Bonne Terre	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS 821 S. Jefferson St	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print)	
First Fannie Lee	Middle Turley
4. DATE OF DEATH Dec 9, 1963	
5. SEX Female	6. COLOR OR RACE White
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec 17, 1868 = 94
9. AGE (last birthday) 94	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) St Francois County, Mo. US	
12. CITIZEN OF WHAT COUNTRY US	
13a. FATHER'S NAME Theodore Bisch	13b. MOTHER'S MAIDEN NAME Marie St Varin
14. NAME OF HUSBAND OR WIFE Lee Turley (dec) M.D.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown)	16. SOCIAL SECURITY NO.
No	
17. INFORMANT Courtland Turley 612 Spruce St. 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) Intestinal Bleeding due to Unknown Cause	
DUE TO (b) Unknown Cause	
DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Heart Dis	
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 type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION Bonne Terre, Mo.	
21. I attended the deceased from 1960 to Dec 9, 1963 and last saw her alive on Dec 9, 1963 Death occurred at 11 p m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) R. A. Hucksford M.D.	22b. ADDRESS Farmington, Mo
22c. DATE SIGNED 12-12-63	
23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec 12, 1963
23c. NAME OF CEMETERY OR CREMATORY St Joseph Catholic	
23d. LOCATION (City, town, or county) (State) Bonne Terre, Mo.	
24. FUNERAL DIRECTOR C. Z. Boyer & Son, Inc. Bonne Terre, Mo.	25. DATE RECD. BY LOCAL REG. Dec. 12, 1963
26. REGISTRAR'S SIGNATURE Ether Rudloff	

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 Buckley T. Boyer

Licensed Embalmer No. 5117

P. O. Address Bonham, 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.