

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26079
Registrar's No. 52

FILED AUG 11 1941
Registration District No. 175

Primary Registration District No. 6020-a

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Booneville Mo. R. 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Perry Camp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME JESSE ANDREWS TURLEY
8. (b) If veteran, name war
8. (c) Social Security No. ✓

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Myrtle Turley
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased August 6 1895
(Month) (Day) (Year)

8. AGE: Years 45 Months 11 Days 17 hr. min.

9. Birthplace St. Genevieve Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Ignatius Turley
13. Birthplace St. Genevieve Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Olga Thurman
15. Birthplace St. Genevieve Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Myrtle Turley
(b) Address Booneville Mo RFD 1
17. (a) Rural (b) Date of occurrence July 25 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Three Rivers

18. (a) Signature of funeral director Benjamin Ford Co
(b) Address Booneville Mo
19. (a) July 25 1941 (b) H. W. Hawkin
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Booneville
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from March 1941
July 27 10:45 am 1941, to July 23 1941
that I last saw him alive on July 23 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Duration _____
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence _____
(c) Where did injury occur? None
(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) (e) Means of injury _____
28. Signature R. Applegate (M. D. or other) _____
Address Frankton Mo Date signed 7/25/41

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

This man came to my office in July 27 1941 1045-a
Complaining of pain in left chest radiating into left arm
with slight shortness of breath
From his symptoms, I thought he had symptoms of Coronary
Occlusion. I heard nothing from him professionally,
July 28 1941 about 11 PM when called by phone and was told
Mr. Turley was dead, Informing you that he had been dead
two weeks during the day with air complaints, relieved so usual
His wife noticed a short time later that he was breathing hard
She raised him up tried to arouse him. He died a few
minutes later -

R. Applebury M.D.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

C. J. Claywell

Licensed Embalmer No.

3706

P. O. Address

London, Tenn. 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 this body is not embalmed, above space should be left blank.