

FILED JUL 1 1949

STANDARD CERTIFICATE OF DEATH

State File No. 20681

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 214

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If different: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boone</u> <u>Town</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boone</u> <u>Town</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. 214 W. School St.</u>		d. STREET ADDRESS (If rural, give location) <u>214 W. School St.</u>	

3. NAME OF DECEASED (Type or Print) <u>SAM</u> (First) <u>N.</u> (Middle) <u>TURLEY</u> (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 19, 1949</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>FEB. 2, 1895</u>	9. AGE (In years last birthday) <u>54</u>	if UNDER 1 YEAR Months <u>4</u> Days <u>17</u>	if UNDER 24 Hrs. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Ill. R. Road</u>	11. BIRTHPLACE (State or foreign country) <u>Boone</u> <u>Town</u> <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Lee Turley</u>	13b. MOTHER'S MAIDEN NAME <u>Fannie Lee Bisch</u>	14. NAME OF HUSBAND OR WIFE <u>Della Ruth Turley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>Yes</u> <u>W. War</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Della Ruth Turley</u>	ADDRESS <u>Boone</u> <u>Town</u> <u>Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 18, 1949, to June 19, 1949, that I last saw the deceased alive on June 19, 1949 and that death occurred at 1:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Marvin J. Haw, Jr. M.D.</u>	23b. ADDRESS <u>Boone</u> <u>Town</u> <u>Mo</u>	23c. DATE SIGNED <u>6/20/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 21, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's</u>	24d. LOCATION (City, town, or county) (State) <u>Boone</u> <u>Town</u> <u>Mo</u>
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DATE REC'D BY LOCAL REG. <u>June 23, 1949</u>	REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Benham</u>	ADDRESS <u>Boone</u> <u>Town</u> <u>Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

94
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94
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JUL 20 1949

RECEIVED 6-27-49
District Health Officer No. 4
District File Number 649-842
Date Filed.....

JUL 8 1949

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.

Signed *Clarence J. Graywell*

Signed.....
Student Embalmer

Licensed Embalmer No. *3706*

P. O. Address *Bourne Street Mass*

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.