

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19709

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>5796</u>		Registrar's No. <u>48</u>	
1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>			
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN <u>California, Mo Walker</u>				c. CITY OR TOWN <u>Latham, Mo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>1 Day</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Latham Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Latham, Mo</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Charley</u>		b. (Middle) _____		c. (Last) <u>Turpin</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 29 1954</u>							
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 25 1880</u>		9. AGE (In years, less birthday) <u>74</u> IF UNDER 1 YEAR <u>3</u> MONTHS <u>4</u> DAYS IF UNDER 12 HRS. <u>Min.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Turpin</u>		13b. MOTHER'S MAIDEN NAME <u>Emily Jackson</u>		14. NAME OF HUSBAND OR WIFE <u>Lottie Turpin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lottie Turpin, Latham, Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Arrest</u> ANTECEDENT CAUSES <u>Chronic Myocarditis</u> 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. <u>Strangulated Hernia</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>5-29-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>Strangulated Hernia</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
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?			
22. I hereby certify that I attended the deceased from <u>5-29</u> , 19 <u>54</u> , to <u>5-29</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5-29</u> , 19 <u>54</u> , and that death occurred at <u>6/20P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Lionel M. Greenham mal</u>		23b. ADDRESS <u>California, Mo.</u>		23c. DATE SIGNED <u>5-31-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/31/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>High Land Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Latham, Mo Rural. Mo</u>	
DATE REC'D BY LOCAL REG. <u>6/3/54</u>		REGISTRAR'S SIGNATURE <u>John L. Pappas</u>		5067		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>East Bonham - California</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 18 1954

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 *Jack H. Bawlin*

Licensed Embalmer No. *7933*

P. O. Address *California*

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.