

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

35654

State File No. \_\_\_\_\_  
Registrar's No. 293

Registration District No. 104 Primary Registration District No. 3008

1. PLACE OF DEATH:

(a) County Callaway  
(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: The Callaway Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Hospital  
(Specify whether years, months or days) Two days - Callaway County

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway  
(c) City or town Fulton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 111 Seventh St  
(If rural, give location)  
(e) If (foreign born, how long in U. S. A.) \_\_\_\_\_ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Charles Douglas Turner  
(b) If veteran, \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month Oct. day 25  
year 1939 hour 10:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 10/19, 1939, to 10/25, 1939;  
that I last saw him alive on 10/25/39  
and that death occurred on the date and hour stated above.

Immediate cause of death metastatic carcinoma of liver  
(Primary site unknown)  
Duration +3 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 46

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (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 \_\_\_\_\_

23. Signature Henry D. ... (M. D. or other) \_\_\_\_\_  
Address 610 East Fulton, Mo. Date signed 10/27/39

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Eliza Mildred Turner 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan 23 1862  
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Stockman

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Charles Turner  
13. Birthplace Callaway Co Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Elizabeth ...  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ira Jewell Smith  
(b) Address Fulton, Missouri  
17. (a) Burial (b) Date thereof Oct 27 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Richland Baptist Cemetery  
18. (a) Signature of funeral director Geo. E. ...  
(b) Address Fulton, Missouri  
19. (a) Oct. 27 1939 (b) P. H. ...  
(Date received local registrar) (Registrar's signature)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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.

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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 Harold J. Christey  
Licensed Embalmer No. 4021  
P. O. Address Dalton, 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.**