

No. 300  
10-48

17  
M.R.

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 15 1949

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1003

State File No. 10757  
3171 Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (In this place) <u>6 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		d. STREET ADDRESS (If rural, give location) <u>Near Richwood Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Near Richwood Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jeannette</u>		b. (Middle) <u>Marie</u>		c. (Last) <u>Turner</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 6 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 24 1910</u>	
9. AGE (In years last birthday) <u>37</u>		IF UNDER 1 YEAR Days <u>7</u>		IF UNDER 24 HRS. Hours <u>12</u> Min.		11. BIRTHPLACE (State or foreign country) <u>Washington Co Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Washington Co Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Griff Emily</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Pratt</u>		14. NAME OF HUSBAND OR WIFE <u>Walter Turner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Walter Turner Richwood Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>diabetic acidosis</u>		PRECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>let</u>					
		DUE TO (c) <u>Med X</u>					
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 checked="" type="checkbox"/> NO <input 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) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J R Bradley</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Barnes Hospital</u>		23c. DATE SIGNED <u>4-6-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Burial</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Horine Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Richwood Mo.</u>	
DATE REC'D BY LOCAL REG. <u>APR 8 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Crocker</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. Luther Sparks (Peterson) Mo.</u>			

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

**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 \_\_\_\_\_

*Murphy & Sparks*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 4336

P. O. Address Flat River, 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, fact should be so stated above.