

FILED MAR 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11270

BIRTH NO. 49-112127 REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 6207 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Texas</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Texas</u> b. COUNTY <u>Texas</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Lynch</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Lynch</u>		167
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>			d. STREET ADDRESS (If rural, give location) <u>2</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alfred</u> b. (Middle) <u>Thayne</u> c. (Last) <u>Turner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 18 49</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Feb 17 49</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 12 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Prescott Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>American</u>		

13a. FATHER'S NAME <u>Alfred Turner</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Neenan</u>		14. NAME OF HUSBAND OR WIFE	
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alfred Turner Prescott 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>Premature Birth</u> ANTECEDENT CAUSES Morbidity 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.			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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 Feb 17, 1949, to Feb 18, 1949, that I last saw the deceased alive on 2-18, 1949, and that death occurred at 11:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Leslie Randall M.D.</u>		23b. ADDRESS <u>Leslie Randall M.D.</u>		23c. DATE SIGNED <u>2-19-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 20, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Boone Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Feb 22-49</u>	REGISTRAR'S SIGNATURE <u>Myrtle Craig</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>327</u>	ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

10700

RECEIVED 3-2-49

District Health Officer No. 6,

District File Number 349-187

Date Filed 3-21-49

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 _____

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.