

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12836**

FILED APR 29 1949

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. CITY (If outside corporate limits, write RURAL and give township) Carthage	
c. LENGTH OF STAY (in this place) Lifetime		d. STREET ADDRESS (If rural, give location) 214 W. 4th. St.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 214 W. 4th. St.,		d. STREET ADDRESS (If rural, give location) 214 W. 4th. St.,	
3. NAME OF DECEASED (Type or Print) a. (First) Anna		b. (Middle) Quinby	
c. (Last) TURNER		4. DATE OF DEATH (Month) (Day) (Year) April 21, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 11, 1881
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months 8 Days 10	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Carthage, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Judge Mc Gregor		13b. MOTHER'S MAIDEN NAME Stephenson	
14. NAME OF HUSBAND OR WIFE Charles Turner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mr. Charles Turner		ADDRESS 214 W. 4th. Carthage, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) X Ray Muscular Cardiac Debilitation			
MEDICAL CERTIFICATION			
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, 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) Anemia			
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 12/13 4/2	
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)		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 March 1949 to February 1949 , that I last saw the deceased alive on April 19, 1949 and that death occurred at 12:50 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE H. E. Baker M. D. (Degree or title)		23b. ADDRESS Carthage, Mo.	
23c. DATE SIGNED 4-21-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 23, 1949	
24c. NAME OF CEMETERY OR CREMATORY PARK CEMETERY		24d. LOCATION (City, town, or county) (State) CARTHAGE, MO.	
DATE REC'D BY LOCAL REG. April 21-1949		REGISTRAR'S SIGNATURE H. B. Clinton ADDRESS Ed. C. Ulmer Carthage, Mo.	
FUNDING DIRECTOR'S SIGNATURE Ed. C. Ulmer		ADDRESS Carthage, Mo.	

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

Decker 4/29

Per. A. Ferguson, Registrar, State of Missouri (Statement on Reverse Side)

MAY 9 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 _____

working under my personal supervision.

Student Embalmer No. 262

Signed Donald L. Roberts
Student Embalmer.

Signed John S. Pennington
Licensed Embalmer No. 4194

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.