No. 300
10-48

FILED AUG 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23219

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 178

42
20

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

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Windsor
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Henry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Windsor,
d. STREET ADDRESS (If rural, give location): 405 East Benton Street

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Lynn
c. (Last): Turner

4. DATE OF DEATH (Month) (Day) (Year): July 30 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): child
8. DATE OF BIRTH: January 28, 1941
9. AGE (In years last birthday): 8 — IF UNDER 1 YEAR: Months 6, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Windsor, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William M. Turner
13b. MOTHER'S MAIDEN NAME: Mary Helen Robinson
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: William M. Turner, Windsor, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Accident. Fractured skull.
ANTECEDENT CAUSES
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.

INTERVAL BETWEEN ONSET AND DEATH: 2 x 45 / 42

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): country road.
21c. (CITY, TOWN, OR TOWNSHIP) 42 **(COUNTY)** **(STATE)**: Windsor Henry Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 28-49 6.30 p.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Runaway horse hitched to wagon-thrown from wagon

22. *I hereby certify that I attended the deceased from* July 28, 1949, *to* July 30, 1949, *that I last saw the deceased alive on* July 30, 1949, *and that death occurred at* 1945 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Newall M.D.
23b. ADDRESS: Windsor Mo
23c. DATE SIGNED: 8/1/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 31, '49
24c. NAME OF CEMETERY OR CREMATORY: Laurel Oak
24d. LOCATION (City, town, or county) (State): Windsor, Missouri

DATE REC'D BY LOCAL REG.: July 31-49
REGISTRAR'S SIGNATURE: Florence Adair 422
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Huston-Turner Windsor Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-49-951
Date Filed 8-8-49

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.

Student ..... Student Embalmer

Signed: Elden Hinton

Licensed Embalmer No. 3309

P. O. Address Windsor 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.