S. No. 300
v. 10.48

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

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29129

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 4545 Registrar's No. 46

B 11 1 0

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

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

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

4. DATE OF DEATH (Month) (Day) (Year): July - 3 - 1949

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Sept. 19-1861

9. AGE (In years last birthday): 88 — If under 1 year: Months X, Days X; If under 24 hrs.: Hours X, Min. X

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hardware merchant

10b. KIND OF BUSINESS OR INDUSTRY: Store

11. BIRTHPLACE (State or foreign country): Webster County, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ?

13b. MOTHER'S MAIDEN NAME: ?

14. NAME OF HUSBAND OR WIFE: Alice Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): X

16. SOCIAL SECURITY NO.: X

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Ben Case — Marshfield 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) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 2 da.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Decompensation — 6 mo.
DUE TO (c) Mitral Insufficiency

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4300

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-29, 1949, *to* 7-2, 1949, *that I last saw the deceased alive on* 7/2, 1949, *and that death occurred at* 6:10 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] **(Degree or title)**: M.D. **23b. ADDRESS**: Marshfield, Mo. **23c. DATE SIGNED**: 8/12/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 4-'49

24c. NAME OF CEMETERY OR CREMATORY: Marshfield

24d. LOCATION (City, town, or county) (State): Webster County, Missouri.

DATE REC'D BY LOCAL REG.: 9/2/49

REGISTRAR'S SIGNATURE: J. Francis 392

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Rex Rainey - Marshfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 6 1949
District Health Office No. 6,
District File Number 949-1026
Date Filed 9-12-49

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 Rex Ramey

Licensed Embalmer No. 3812

P. O. Address Marshfield, Mo.

Signed _____
Student Embalmer

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.