No. 300
10.48

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32848

BIRTH NO. 3733-49 REG. DIST. NO. 365 PRIMARY REG. DIST. NO. 6239 Registrar's No. 11

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

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Bellevue
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): 3 mi. S. E. of Caledonia

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Bellevue
d. STREET ADDRESS (If rural, give location): 3 mi. S. E. of Caledonia

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

4. DATE OF DEATH (Month) (Day) (Year): Aug 24 1949

5. SEX: fem
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Jan. 24 1949
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 7, Days 0 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Doe Run Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: William Claracne Turner
13b. MOTHER'S MAIDEN NAME: Mamie Scott
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: W. C. Turner Belleview 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) acute bilateral bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

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.

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* 8-23, 1949, *to* 8-24, 1949, *that I last saw the deceased alive on* 8-23, 1949, *and that death occurred at* 3.15A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. E. Harland M. Lew
23b. ADDRESS: 118 N. Main St. Ironton, Mo
23c. DATE SIGNED: 9-3-49

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 8-26-49
24c. NAME OF CEMETERY OR CREMATORY: Indian Creek Cem.
24d. LOCATION (City, town, or county) (State): Viburnum Mo.

DATE REC'D BY LOCAL REG.: 9. 14-49
REGISTRAR'S SIGNATURE: Ella S White 336
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: White Funeral Home Ironton Mo. B. White

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-19-49

District Health Officer No. 4

File Act File Number 949-122

Date Filed

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 [illegible]

Licensed Embalmer No. 8012

P. O. Address [illegible]

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.