

FILED FEB 24 1950  
age 73

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4169

State File No. ....

No. 300  
10.48

171

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton 0171</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>T</u> c. (Last) <u>TURNER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 22, 1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>July 31, 1876</u>
9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chicken Packer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Poultry</u>	
11. BIRTHPLACE (State or foreign country) <u>Carrollton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Milton Turner</u>		13b. MOTHER'S MAIDEN NAME <u>Gemma</u>	
14. NAME OF HUSBAND OR WIFE <u>J. E. Timmons</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>_____</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. E. Timmons</u>		ADDRESS <u>Carrollton, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Onset of Heart</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Occlusion</u> DUE TO (c) <u>Intense Sclerosis of Arteries</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis (age 73)</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Nil</u>	
20. AUTOPSY? YES <input checked="" 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) <u>Carrollton Carroll Mo.</u>			
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 <u>1-20</u> , 19 <u>50</u> , to <u>1-22</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-22</u> , 19 <u>50</u> , and that death occurred at <u>8:50 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ernest E. Smith</u>		23b. ADDRESS <u>Carrollton, Mo.</u>	
23c. DATE SIGNED <u>1-22-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-24-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>African Oak Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1/24/50</u>		REGISTRAR'S SIGNATURE <u>Ma. Herbert</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Gibson</u>		ADDRESS <u>Carrollton, Mo.</u>	

RECEIVED FEB 8

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-23-50

**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 Ben W. Gibson

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 2961

P. O. Address Carrollton, Va.

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.