

FILED MAR 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **8345**

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **217**

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Ash Grove Boone Twp</b>	
c. LENGTH OF STAY (In this place) <b>3 Hours</b>		d. STREET ADDRESS (If rural, give location) <b>NONE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Springfield Baptist Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Sarah</b> b. (Middle) <b>Leona</b> c. (Last) <b>Turk</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 9 1950</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 4 1900</b>
9. AGE (In years last birthday) <b>49</b>	10. MONTHS <b>10</b>	11. DAYS <b>5</b>	12. HOURS & MIN. <b>Hours 10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWIFE</b>	11. BIRTHPLACE (State or foreign country) <b>Willard, Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Eldo Fortner</b>		13b. MOTHER'S MAIDEN NAME <b>Della Hughes</b>	14. NAME OF HUSBAND OR WIFE <b>Loren Turk</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Yonda Magers</b> ADDRESS <b>Ash Grove Mo</b>
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* (a) <b>Apoplexy - with hemiplegia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>12 23 4 X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. AUTOPSY? YES <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <b>3/9, 1950</b> , to <b>3/9, 1950</b> , that I last saw the deceased alive on <b>3/9, 1950</b> , and that death occurred at <b>5:12 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Aug Hallaway</b>		23b. ADDRESS <b>Springfield Mo</b>	
23c. DATE SIGNED <b>3/11/50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>March 12 1950</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Ash Grove Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Ash Grove Mo</b>	
DATE REC'D BY LOCAL REG. <b>March 11 1950</b>		REGISTRAR'S SIGNATURE <b>W.E. Handley MD</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>W.B. Birch</b>		ADDRESS <b>Ash Grove Mo</b>	

(Licensed Embalmer's Seal/Stamp on Reverse Side)

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

**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 \_\_\_\_\_  
Student Embalmer

Signed *J. W. Birch*  
Licensed Embalmer No. *3856*  
P. O. Address *Ash Grove 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.