S. No. 300
v. 10.48

FILED APR 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9567

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 33

061 N

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

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Macon
c. LENGTH OF STAY (In this place): 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 707 N. Rubey

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Macon 061 N
d. STREET ADDRESS (If rural, give location): 707 N. Rubey 0

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): Wood
c. (Last): Turnage

4. DATE OF DEATH (Month) (Day) (Year): March 12 1950

5. SEX: Female

6. COLOR OR RACE: White

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

8. DATE OF BIRTH: Oct. 14, 1869

9. AGE (In years last birthday): 80 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: 0

11. BIRTHPLACE (State or foreign country): Missouri

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

13a. FATHER'S NAME: James Robert Jackson

13b. MOTHER'S MAIDEN NAME: Sallie Allen

14. NAME OF HUSBAND OR WIFE: ~~I. M. Turnage~~

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

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Anna Goodson
ADDRESS: Macon, 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) Chronic Myelogenous Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

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.

2411

19a. DATE OF OPERATION: none

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* Mar, 1948, *to* Mar 12, 1950, *that I last saw the deceased alive on* 11 Mar, 1950, *and that death occurred at* 4:10 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Donald E. Eggleston (Degree or title) M.D.
23b. ADDRESS: Macon, Missouri
23c. DATE SIGNED: 16 Mar 50

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 3-15-50
24c. NAME OF CEMETERY OR CREMATORY: Oakwood Cemetery
24d. LOCATION (City, town, or county) (State): Macon Missouri

DATE REC'D BY LOCAL REG.: 3/27/50
REGISTRAR'S SIGNATURE: Ruth McNeely
25. FUNERAL DIRECTOR'S SIGNATURE: Allen & Kunner
ADDRESS: Macon Mo

(Licensed Embalmer's Statement on Reverse Side)

AUG 2 1950

RECEIVED 4/6/50
MACON COUNTY HEALTH DEPARTMENT
County File No. 4/50/65
Date Filed 4/11/50

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.

Student .....
Student Embalmer

Signed Albert Skinner

Licensed Embalmer No. 75-1

P. O. Address Macon Ind

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.