

FILED APR 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9644

State File No.

 BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5763 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Union Township.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Union Township.</u>	
c. LENGTH OF STAY (In this place) <u>7 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>PHILADELPHIA RR # 1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>PHILADELPHIA RR # 1</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>DAISY</u> b. (Middle) <u>VELLE</u> c. (Last) <u>TURNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 30 1950</u>		
5. SEX <u>FEMALE.</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u>	8. DATE OF BIRTH <u>OCTOBER 12 1882.</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Days <u>5</u> MONTHS <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (State or foreign country) <u>PETTIS County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>CHARLES A CALHOON.</u>		13b. MOTHER'S MAIDEN NAME <u>VELLE HALL</u>		14. NAME OF HUSBAND OR WIFE <u>HURLEY J. TURNER.</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>None.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>A. J. Turner</u> ADDRESS <u>Philadelphia, Mo</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>47 HOURS</u>
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Mitral stenosis</u>			41DX
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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 <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 June 1938, to Mar 30, 1950, that I last saw the deceased alive on Mar 30, 1950, and that death occurred at 12:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>C. E. Shivers</u> (Degree or title) <u>DO.</u>		23b. ADDRESS <u>Philadelphia, Mo.</u>	23c. DATE SIGNED <u>4-1-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-2-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Andrew CHAPLE Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Marion County Missouri</u>
DATE REC'D BY LOCAL REG. <u>4/3/50</u>	REGISTRAR'S SIGNATURE <u>By Thela Sec.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilson & Son</u> ADDRESS <u>Monroe City Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

RECEIVED APR 4 1950
MARION CO. HEALTH DEPT.
DATE FILED APR 5 1950

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

Leslie L. Hilson

Licensed Embalmer No.

3014

P. O. Address

Monroe City, 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.