. No. 300
. 10-48

FILED APR 17 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 12078

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 421

1117
2

**1. PLACE OF DEATH**
a. COUNTY Buchanan.
b. CITY ~~OR TOWN~~ (If outside corporate limits, write RURAL and give township) St. Joseph
c. LENGTH OF STAY (in this place) 8 yrs. 7 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital No. 2.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Grundy
c. CITY ~~OR TOWN~~ (If outside corporate limits, write RURAL and give township) Trenton. 1402
d. STREET ADDRESS (If rural, give location) 613 1/2 Main. 1

**3. NAME OF DECEASED** (Type or Print) a. (First) NEWTON b. (Middle) E. c. (Last) TURNER.

**4. DATE OF DEATH** (Month) (Day) (Year) 4-2-1950.

**5. SEX** Male | **6. COLOR OR RACE** white | **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Single. | **8. DATE OF BIRTH** Nov. 17, 1912 | **9. AGE** (In years last birthday) 37 | IF UNDER 1 YEAR Months 4 Days 15 | 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** None. | **11. BIRTHPLACE** (State or foreign country) Harrison County-Missouri | **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** Newton Turner. | **13b. MOTHER'S MAIDEN NAME** Florence Alderson. | **14. NAME OF HUSBAND OR WIFE** —

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No (If yes, give war or dates of service) No | **16. SOCIAL SECURITY NO.** None | **17. INFORMANT'S SIGNATURE OR NAME** Mrs. Mona Turner | **ADDRESS** 812 W. Crowder Trenton 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) Hemorrhage from stomach — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Ulcer of stomach
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Mental deficiency. — 5400

**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* 2-29-, 1950, *to* 4-1-, 1950, *that I last saw the deceased alive on* 4-1-, 1950, *and that death occurred at* 1:30 A m., *from the causes and on the date stated above.*

**23a. SIGNATURE** Forrest Thomas. (Degree or title) M.D. | **23b. ADDRESS** State Hospital No. 2. | **23c. DATE SIGNED** 4-2-1950.

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Removal | **24b. DATE** 4/2/50 | **24c. NAME OF CEMETERY OR CREMATORY** | **24d. LOCATION** (City, town, or county) Newton (State) Mo.

**DATE REC'D BY LOCAL REG.** April 6, 1950 | **REGISTRAR'S SIGNATURE** E. L. Jenkins 382 | **25. FUNERAL DIRECTOR'S SIGNATURE** Heaton-Bruman | **ADDRESS** St. Joseph, Mo

(Licensed Embalmer's Statement 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. 363, working under my personal supervision.

Signed Vern G. Johnson
Student Embalmer

Signed William Gedling

Licensed Embalmer No. 4585

P. O. Address 319 S. 10th St Joseph 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.