

FILED MAY 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13805**

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **207** PRIMARY REG. DIST. NO. **3043** Registrar's No. **151**

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

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Marion</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Hannibal</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Hannibal 1644</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2715 Woodson St</b>		d. STREET ADDRESS (If rural, give location) <b>2715 Woodson 0</b>	

3. NAME OF DECEASED (Type or Print) <b>Thomas</b>			c. (Last) <b>Turner</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5 1 50</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>July 17-1889</b>		9. AGE (In years last birthday) <b>60</b>		IF UNDER 1 YEAR Days		IF UNDER 2 HRS. Hours		IF UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Plumber</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Plumber</b>				11. BIRTHPLACE (State or foreign country) <b>Fayette Mo 0</b>				12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME <b>Chas Turner</b>			13b. MOTHER'S MAIDEN NAME <b>Mollie Hughes</b>			13. NAME OF HUSBAND OR WIFE <b>Erika Turner</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Erika Turner</b>			ADDRESS		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<b>Myocardial Infarction</b>							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.						<b>4-20</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. 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)		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 **Feb 1st 1948** to **May 1st 1950**, that I last saw the deceased alive on **May 1st 1950**, and that death occurred at **9:40 PM** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Tom Muehlen MD</b> (Name or title)		23b. ADDRESS <b>Hannibal Mo</b>		23c. DATE SIGNED <b>5/6/50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>5-5-1950</b>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <b>Frankford Mo</b>		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. <b>5-10-50</b>		REGISTRAR'S SIGNATURE <b>Dr. E. M. Lucke Deputy</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Esco E Roberts</b>		ADDRESS <b>Hannibal</b>	
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RECEIVED MAY 10 1950  
MARION CO. HEALTH DEPT.  
DATE FILED MAY 13 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Geo. E. Roberts*

Signed.....

Student Embalmer

Licensed Embalmer No.

*2113*

P. O. Address

*Hannibal 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.