

FILED SEP 2 1950

STANDARD CERTIFICATE OF DEATH

State File No. 27725

BIRTH NO. _____ REG. DIST. NO. 256 PRIMARY REG. DIST. NO. 4388 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Osage			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Osage			
b. CITY OR TOWN Chamois		c. LENGTH OF STAY (in this place) 5 years	c. CITY OR TOWN Chamois		0760	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) Samuel		a. (First)	b. (Middle) Terry	c. (Last) Turner	4. DATE OF DEATH Aug 22, 1950 (Month) (Day) (Year)	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 17, 1883	9. AGE (in years last birthday) 66	10. MONTHS 10	11. DAYS 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer retired		10b. KIND OF BUSINESS OR INDUSTRY Self employed	11. BIRTHPLACE (State or foreign country) Mint Hill, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Hardin J. Turner		13b. MOTHER'S MAIDEN NAME Elizebeth Alexander		14. NAME OF HUSBAND OR WIFE Mammie F. Waters		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. S. T. Turner			
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) Coronary Thrombosis & embolism			INTERVAL BETWEEN ONSET AND DEATH 1 day.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Poltergers disease.			3 to 4 years (known)	
		DUE TO (c)			4 (20)	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>did not treat deceased</u> , to <u>10</u> , that I last saw the deceased alive on <u>8-5-</u> , 19 <u>50</u> , and that death occurred at <u>1:45 P.M.</u> , from the causes and on the date stated above.						
23a. SIGNATURE F. R. Farnworth D.O.			23b. ADDRESS Chamois, Mo.		23c. DATE SIGNED 8-26-50.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/24/50	24c. NAME OF CEMETERY OR CREMATORY Harris	24d. LOCATION (City, town, or county) Osage County, Mo.		(State)	
DATE REC'D BY LOCAL REG. 8/24/50		REGISTRAR'S SIGNATURE Esther Souder 234	25. FUNERAL DIRECTOR'S SIGNATURE Clyde Moxton		ADDRESS Linn, 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn 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.