

FILED SEP 28 1950

STANDARD CERTIFICATE OF DEATH

29637  
State File No. 3008 Registrar's No. 305

BIRTH NO. REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

422

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

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Portageville</u> 0720	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 1</u>		d. STREET ADDRESS <u>dk.</u>	

3. NAME OF DECEASED (Type or Print) <u>JAMES TURNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 10 1950</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	
8. DATE OF BIRTH <u>Aug. 6, 1920</u>		9. AGE (In years last birthday) <u>30</u>		10. UNDER 1 YEAR <u>1</u> MONTHS <u>4</u> DAYS <u>4</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Welder &amp; Cook</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTH PLACE (State or foreign country) <u>Memphis Tenn. 1</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Albert Turner</u>		13b. MOTHER'S MAIDEN NAME <u>Peggy Ann Drake</u>	
14. NAME OF HUSBAND OR WIFE <u>dk.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>dk.</u>		16. (SOCIAL SECURITY NO.) <u>dk.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u>		18. ADDRESS <u>Fulton</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>025X</u>	

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) <u>Subacute meningococcal meningitis</u>		INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbidity 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"/>	
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 July 24, 1950, to Sept 10, 1950, that I last saw the deceased alive on Sept 10, 1950, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Ralf Hanks M.D.</u> (Degree or title)		23b. ADDRESS <u>State Hosp. Fulton Mo</u>		23c. DATE SIGNED <u>9/10/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9/19/1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board St. Louis, Mo.</u>	
24d. LOCATION (City, town, or county) (State) <u>Mo.</u>		DATE REC'D BY LOCAL REG. <u>Sept. 19, 1950</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence by RCM</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>maurice f. mason</u>		ADDRESS <u>1809 Fulton Mo</u>			

OCT 17 1950  
File No.

DISTRICT HEALTH OFFICE No. 4

SEP 23 1950

RECEIVED

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 *Walter J. Haines, Jr.*

Licensed Embalmer No. *4557*

P. O. Address *Fulton, Me*

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.