

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31401

State File No. _____
Registrar's No. 39

BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6015

5880

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

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Huntsville--Rural		c. LENGTH OF STAY (in this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D.#3		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Huntsville	
		d. STREET ADDRESS (If rural, give location) R.F.D.#3	

3. NAME OF DECEASED (Type or Print) Gaius Turner			4. DATE OF DEATH (Month) (Day) (Year) Sept. 10, 1950		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 12/12/1882		9. AGE (In years last birthday) 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) blacksmith		10b. KIND OF BUSINESS OR INDUSTRY blacksmith	11. BIRTHPLACE (State or foreign country) Randolph County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John W. Turner		13b. MOTHER'S MAIDEN NAME Unice Ganmon		14. NAME OF HUSBAND OR WIFE Georgie Turner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Georgie Turner; Huntsville, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 9 mo
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio sclerosis			
		DUE TO (c) Hypertension			
		II: OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			331X

19a. DATE OF OPERATION _____		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 **Sept 10, 1950**, to **Sept 10, 1950**, that I last saw the deceased alive on **Sept 10, 1950**, and that death occurred at **11:30 m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) PV Dreyer MD		23b. ADDRESS Huntsville, Mo.		23c. DATE SIGNED 9/15/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/12/1950		24c. NAME OF CEMETERY OR CREMATORY Huntsville Cemetery		24d. LOCATION (City, town, or county) (State) Huntsville, Missouri	
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DATE REC'D BY LOCAL REG. 9/16/1950		REGISTRAR'S SIGNATURE Mrs. D. A. Barnhart		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Tom B Patton Huntsville, Mo.	
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Date Received: SEP 19 1950
DISTRICT HEALTH OFFICE #2
District File Number 9-50-7
Date Filed: SEP 19 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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Hunterville, Ind.

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.