

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33752

State File No. _____

FILED NOV 4 1950

4415

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>9 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>205 West 62d St. Terrace</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>205 West 62d St. Terrace</u>				d. STREET ADDRESS (If rural, give location) <u>205 West 62d St. Terrace</u>				138 200			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edwin</u>			b. (Middle) <u>V.</u>			c. (Last) <u>TURNEY</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 16, 1950</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>5-28-95</u>			
9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 YEAR Hours _____		IF UNDER 1 YEAR Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dept. Reg. Director</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>GSA - Real Property</u>			11. BIRTHPLACE (State or foreign country) <u>Monroe, Virginia</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Thomas V. Turney</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Susan Lawson</u>			14. NAME OF HUSBAND OR WIFE <u>Mary M. Turney</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW-I</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary M. Turney, 205 W. 62d Terr., KC, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPERTENSIVE HEART DISEASE</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs.</u>			
ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>				DUE TO (b) <u>ARTERIOSCLEROSIS</u>				8 yrs.			
				DUE TO (c)				443X			
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>											
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., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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>JAN.</u> , 19 <u>50</u> , to <u>Oct. 16</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10/16 p.m.</u> , 19 <u>50</u> , and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>George K. Lendis</u> (Degree or title) <u>M.D.</u>						23b. ADDRESS <u>1630 Prof. Bldg.</u>			23c. DATE SIGNED <u>10/18/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-19-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>—</u>		24d. LOCATION (City, town, or county) (State) <u>Emporium, Pennsylvania</u>					
DATE REC'D BY LOCAL REG. <u>10-19-50</u>		REGISTRAR'S SIGNATURE <u>A. Geraldine Holmes</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melody-McGilley-Eylar, Kansas City, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 19 1930

Dr. G. H. ...
Prof. ...
State ...
A. ...

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

Edw. C. Heck

Signed.....

Student Embalmer

Licensed Embalmer No.

4063

P. O. Address

Kansas City, 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.