

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

FILED JAN. 8 1951

5419 State File No. 40279

0350  
 1

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

BIRTH NO. 70630-50		REG. DIST. NO. 105		PRIMARY REG. DIST. NO. 5449		Registrar's No. 2	
1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Clarkton Rural</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clarkton, Rural Freeborn</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>0350</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Maddonna</b>		b. (Middle) <b>Rose</b>		c. (Last) <b>Turner</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12-28-1950</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Child</b>		8. DATE OF BIRTH <b>9-7-1950</b>	
9. AGE (In years last birthday) <b>4</b>		IF UNDER 1 YEAR Months <b>4</b>		IF UNDER 12 HRS. Days <b>21</b>		IF UNDER 12 HRS. Hours <b>21</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Child</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Hilton Turner</b>		13b. MOTHER'S MAIDEN NAME <b>Lucille Adams</b>		14. NAME OF HUSBAND OR WIFE <b>Child</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>Child</b>		17. INFORMANT'S SIGNATURE OR NAME <i>Walter A. Hawkes</i> ADDRESS			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute attack of Indigestion</b>  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.				INTERVAL BETWEEN ONSET AND DEATH  <b>5442</b>	
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) m.		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE OF CORONER <i>Walter A. Hawkes</i> (Degree or title)				23b. ADDRESS <b>Kennett, Mo</b>		23c. DATE SIGNED <b>12-30-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-31-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pine City</b>		24d. LOCATION (City, town, or county) (State) <b>2 Mi. So. Holcomb, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>1-2-51</b>		REGISTRAR'S SIGNATURE <i>Marguerite George</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>George Russell</i>		ADDRESS <i>Funeral Home, Gibson</i>	

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 1-3-51

COUNTY FILE NUMBER 151-6

---

---

**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 me

Student Embalmer No. 509-6rk

working under my personal supervision.

Student .....  
Student Embalmer

Signed Floyd M. Russee

Licensed Embalmer No. 509-Ark

P. O. Address Figgatt, Ark

**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.