

FILED JAN 31 1951

THE DIVISION OF HEALTH OF THE STATE OF ILLINOIS
STANDARD CERTIFICATE OF DEATH

State File No. 3089
660

BIRTH NO. Illinois REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 660

1. PLACE OF DEATH a. COUNTY <u>Illinois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo</u>	c. LENGTH OF STAY (In this place) <u>15 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Iuka</u> <u>8120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Children's</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. #4</u>	

3. NAME OF DECEASED (Type or Print) <u>ROGER</u>	a. (First)	b. (Middle) <u>LYNN</u>	c. (Last) <u>TURNER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1 20 51</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>1-3-51</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Days Hours Min. <u>17</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>SALEM, ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>America</u>
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13a. FATHER'S NAME <u>OMEN TURNER</u>	13b. MOTHER'S MAIDEN NAME <u>JESSIMAE CREWS</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Omen Turner, Iuka, Ill.</u>	ADDRESS <u>Iuka, Ill.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Interintracerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbidity 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>11 51 1951</u>	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>7710</u>
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22. I hereby certify that I attended the deceased from 1-5-1951, to 1-20-1951, that I last saw the deceased alive on 1-20-1951, and that death occurred at 4:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. G. Klingberg MD</u>	(Degree or title)	23b. ADDRESS <u>Children's Hosp</u>	23c. DATE SIGNED <u>1-20-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-22-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kell, Illinois</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL <u>JAN 22 1951</u>	REGISTRAR'S SIGNATURE <u>J. B. Kato</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>	ADDRESS <u>4700 Washington Blvd.</u>
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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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *Robert M. Murray*

Licensed Embalmer No. *3749*

P. O. Address: *St. Louis, 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.