

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 19 1951

State File No. 16853
1774

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give town or town) OR Kansas City

c. LENGTH OF STAY (in this place) 3 days

d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

a. STATE Mo. b. COUNTY Clay

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kearney-Rural

d. STREET ADDRESS (If rural, give location) 0240 N

3. NAME OF DECEASED

a. (First) Isaac b. (Middle) Allen c. (Last) Turnage

4. DATE OF DEATH (Month) (Day) (Year) April 22-1951

5. SEX Male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Nov. 23-1878

9. AGE (in years last birthday) 72

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Gen. Farmwork

11. BIRTHPLACE (State or foreign country) Ray Co. Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John C Turnage

13b. MOTHER'S MAIDEN NAME Emely O Dell

14. NAME OF HUSBAND OR WIFE Cora

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Cecil T Turnage-Address Kearney Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Pneumonia, Hypostatic

ANTECEDENT CAUSES (b) Cerebral atrophy

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH weeks

4 years

4500

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to April 20, 1951, that I last saw the deceased alive on April 20, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE James H. Willoughby (Degree or title)

23b. ADDRESS Liberty Mo

23c. DATE SIGNED 4-23-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Apr. 23-51

24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet

24d. LOCATION (City, town, or county) (State) Kearney Mo.

DATE REC'D BY LOCAL REG. 4-23-51

REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE Leonard Fry

ADDRESS Kearney Mo.

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

JUN 27 1961

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 Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Kearney 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.