

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21978

FILED AUG 14 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 4026 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Purdy</b>		c. LENGTH OF STAY (In this place) <b>5 days</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3 Blocks E. of Hy. 37 on Rd. C</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Gilliam</b>	
		d. STREET ADDRESS (If rural, give location) <b>1</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Almeda</b>	b. (Middle) <b>Ellen</b>	c. (Last) <b>Turner</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 27 1951</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 9, 1879</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeping</b>	11. BIRTHPLACE (State or foreign country) <b>Barry County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>James C. Lowe</b>	13b. MOTHER'S MAIDEN NAME <b>Amanda Lee</b>	14. NAME OF HUSBAND OR WIFE <b>Edward Everett Turner</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Iva West, Gilliam, Mo.</b>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 1/2 hrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myo Carditis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. <b>DUE TO (b) Thyrotoxicosis</b>		
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 <b>2520</b>	20. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6-24**, 1951, to **6-27**, 1951, that I last saw the deceased alive on **6-27**, 1951, and that death occurred at **2:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. D. Baldwin</b> (Degree or title)	23b. ADDRESS <b>Purdy, Mo.</b>	23c. DATE SIGNED <b>6-28-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6/29/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sparks Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Barry County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>7-10-51</b>	REGISTRAR'S SIGNATURE <b>W. M. West</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>M. C. Koon</b>	ADDRESS <b>Cassville, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**DIVISION OF HEALTH OF MO.**  
District No. 5 - Springfield

RECEIVED **AUG 8 1951**

D. L. File \_\_\_\_\_  
Date Filed \_\_\_\_\_

**DIVISION OF HEALTH OF MO.**  
District No. 5 - Springfield

RECEIVED **AUG 8 1951**

Dist. File \_\_\_\_\_

Date Filed \_\_\_\_\_

**DIVISION OF HEALTH OF MO.**  
District No. 5 - Springfield

RECEIVED **AUG 8 1951**

Dist. File 827-1439

Date Filed 8-9-51

**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.....  
Student Embalmer

Signed W. C. Koon

Licensed Embalmer No. 4358

P. O. Address Cassville, 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.