

FILED AUG 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27332

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY Jackson 0480		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give RURAL township) c. LENGTH OF STAY (in this place) Little Blue PRairie 3 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Independence 0485	
d. FULL NAME OF HOSPITAL OR INSTITUTION J. C. E. Hospital		d. STREET ADDRESS (If rural, give location) 119 So. Pankleton	

3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) May c. (Last) Clark			4. DATE OF DEATH (Month) (Day) (Year) Aug 1, 1951		
---	--	--	--	--	--

5. SEX F. 1	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr 12, 1868	9. AGE (In years) (Under 1 Year) (Under 1 Mos.) 83	
----------------	------------------------	---	----------------------------------	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Liberty Mo	12. CITIZEN OF WHAT COUNTRY USA
--	--	---	------------------------------------

13a. FATHER'S NAME Henry Clay Turman	13b. MOTHER'S MAIDEN NAME Louisa Farnsworth	14. NAME OF HUSBAND OR WIFE
---	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service. No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs Jennie M. Salsman	ADDRESS Odessa Mo
---	---------------------------------	--	----------------------

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 3 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bacterial pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) mal. nutrition 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 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) (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 3:21, 1951, to 8:1, 1951, that I last saw the deceased alive on 8-1-1951, and that death occurred at 7:20 P. M.; from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jin C. Blumenschein MD.	23b. ADDRESS Indip. Mo.	23c. DATE SIGNED 2 Aug 1951
---	----------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 4, 1951	24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cem	24d. LOCATION (City, town, or county) (State) K. C. Mo
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. Aug 4-51	REGISTRAR'S SIGNATURE Donald C. Earls	318	25. FUNERAL DIRECTOR'S SIGNATURE Dixon L. Kasper	ADDRESS Indip Mo
--------------------------------------	--	-----	---	---------------------

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

AUG 2 2 RECD

FEB 20 1961

STATEMENT BY LICENSED EMBALMER

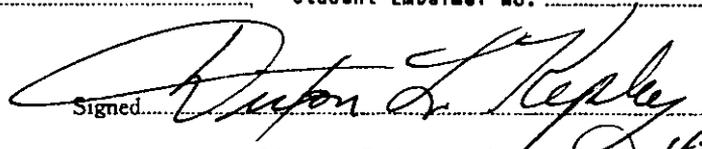
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 4225

P. O. Address _____

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.