

S. No. 300
V. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32489**

FILED NOV 5 1951

BIRTH NO.		REG. DIST. NO. <u>13</u>	PRIMARY REG. DIST. NO. <u>3003</u>	Registrar's No. <u>60</u>
1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Barry</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Barrett</u>	c. LENGTH OF STAY (In this place) <u>3 hours</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Cape creek township</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Vincent</u>		d. STREET ADDRESS (If rural, give location) <u>3 1/2 miles South E of Pierce City</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>BERT</u>		b. (Middle) <u>EMMETT</u>	c. (Last) <u>TURNER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 29, 1951</u>		5. SEX <u>M</u> 6. COLOR OR RACE <u>wh</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan 5, 1890</u>		9. AGE (In years last birthday) <u>61</u> <u>8</u> <u>24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Thomas Turner</u>		
13b. MOTHER'S MAIDEN NAME <u>Mina Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Turner</u>		
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Margaret Turner Barrett Mo</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> 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
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) <u>4206</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>9-25</u> , 1951, to <u>9-29</u> , 1951, that I last saw the deceased alive on <u>9-25</u> , 1951, and that death occurred at <u>1:50 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>Monett, Mo</u>		23c. DATE SIGNED <u>10-3-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Oct 1-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Patrick Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Pierce City Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter Brown Pierce City</u>		
DATE REC'D BY LOCAL REG. <u>10-15-51</u>		REGISTRAR'S SIGNATURE <u>Katherine Henderson, Reg.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

50

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

RECEIVED

OCT 30 1913

Dist. File

Date Filed

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, Edwin P. Wilks by

Student Embalmer No. _____

working under my personal supervision.

Signed Edwin P. Wilks

Licensed Embalmer No. 4635

Signed _____
Student Embalmer

P. O. Address June 17 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.