

FILED NOV 6 1951

STANDARD CERTIFICATE OF DEATH

32573  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 273

1. PLACE OF DEATH  
a. COUNTY BOONE  
b. CITY OR TOWN COLUMBIA  
c. LENGTH OF STAY (in this place) 74 DAYS  
d. FULL NAME OF HOSPITAL OR INSTITUTION KILIS FISCHEL STATE CANCER HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE MISSOURI b. COUNTY PEMISCOT  
c. CITY (If outside corporate limits, write RURAL and give township) STEELE  
d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED  
a. (First) LYDIA b. (Middle) WILMA c. (Last) TURNER

4. DATE OF DEATH (Month) (Day) (Year) 10-30-51

5. SEX Female 6. COLOR OR RACE White

7. ~~MARRIED, NEVER MARRIED, WHOEVER MARRIED~~ (Specify) MARRIED

8. DATE OF BIRTH 3-3-98

9. AGE (In years last birthday) 53 If UNDER 1 YEAR Months 7 Days 27 If UNDER 12 HRS. Hours - Min. -

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

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) TENNESSEE

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

13a. FATHER'S NAME JAMES JONES

13b. MOTHER'S MAIDEN NAME NETTIE JONES

14. NAME OF HUSBAND CHETUS TURNER

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

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME HOSPITAL RECORDS ADDRESS \_\_\_\_\_

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) Epi. Ca cervix  
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 4 yrs

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) 171X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

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 Aug 17, 1951, to Oct 30, 1951, that I last saw the deceased alive on Oct 29, 1951, and that death occurred at 12:57 A. M., from the causes and on the date stated above.

23a. SIGNATURE Richard E. Johnson, M.D. (Degree or title)

23b. ADDRESS Columbia, Mo

23c. DATE SIGNED 10-30-51

24a. BURIAL, CREMATION, REMOVAL (Specify) 4

24b. DATE Oct-30-1951

24c. NAME OF CEMETERY OR CREMATORY \_\_\_\_\_

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

DATE REC'D BY LOCAL REG. Oct. 30 1951

REGISTRAR'S SIGNATURE Mrs R E Palmer

25. FUNERAL DIRECTOR'S SIGNATURE Parker Funeral Service ADDRESS Columbia

(Licensed Embalmer's Statement on Reverse Side)

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

105  
0

M.

NOV 21 1951

RECEIVED NOV 5 - 1951

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed NOV 5 - 1951 -----

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 *Clarence M. Bills*

Licensed Embalmer No. *4375*

P. O. Address *Columbia, 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.