

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **32904**

FILED NOV 14 1951

0210

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

BIRTH NO. _____		REG. DIST. NO. <u>4115</u>		PRIMARY REG. DIST. NO. <u>4115</u>		Registrar's No. <u>73</u>	
1. PLACE OF DEATH a. COUNTY <u>Chariton</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Triplet</u>		c. LENGTH OF STAY (in this place) <u>10 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brunswick</u>		<u>0210</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JUNE</u>			b. (Middle) <u>PEARLINE</u>			c. (Last) <u>TURNER.</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 29, 1951</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>June 1, 1916</u>		9. AGE (In years last birthday) <u>35</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>28</u>		IF UNDER 10 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Triplet, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Wm Abers</u>		13b. MOTHER'S MAIDEN NAME <u>Saura Ewing</u>		14. NAME OF HUSBAND OR WIFE <u>Daniel Benjamin 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>Daniel B. Turner Brunswick, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION: DIRECTLY LEADING TO DEATH (a) <u>Embolic Cerebral</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pelvic Inflammation</u> DUE TO (c) <u>Abortion, Inevitable Spontaneous / Delay</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>unknown</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		<u>6500</u>	
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>Brunswick (Mo) Mo</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>Oct 29, 1951</u> , to <u>Oct 29, 1951</u> , that I last saw the deceased alive on <u>Oct 29, 1951</u> , and that death occurred at <u>4:25 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Howell Rice MD</u>				23b. ADDRESS <u>Brunswick Mo</u>		23c. DATE SIGNED <u>2 Nov 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 2 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Douglas</u>		24d. LOCATION (City, town, or county) (State) <u>Brunswick Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov 2-51</u>		REGISTRAR'S SIGNATURE <u>Mildred Baine</u>		560		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mayo Funeral Home Brunswick Mo</u>	

12/26/51
8/1/51

Date Received: NOV 6 1951
DISTRICT HEALTH OFFICE #2
District File Number 11-51-1995
Date Filed: NOV 8 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Walter E. Moyer

Signed _____
Student Embalmer

Licensed Embalmer No. 04491

P. O. Address Brunswick, 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.