

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34544

State File No.

BIRTH NO.		REG. DIST. NO. <u>273</u>		PRIMARY REG. DIST. NO. <u>3051</u>		Registrar's No. <u>76</u>	
1. PLACE OF DEATH a. COUNTY <u>Perry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mississippi</u> b. COUNTY <u>Union</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perryville Mo.</u>		c. LENGTH OF STAY (in this place) <u>7 Weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Albany Mississippi</u>		<u>2230</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>8</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Stther</u>		b. (Middle) <u>Corse</u>		c. (Last) <u>Turner</u>	
4. DATE OF DEATH		Oct.		20		1951	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 26 1904</u>	
9. AGE (In years last birthday) <u>47</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Perry Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Lonnie Corse</u>		13b. MOTHER'S MAIDEN NAME <u>Lydia Wadsworth</u>		14. NAME OF HUSBAND OR WIFE <u>Ben. E. 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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ben. E. Turner</u> ADDRESS <u>Albany Mississippi</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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of cervix</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>metastasis to Brain</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Thrombophlebitis left leg</u> 19a. DATE OF OPERATION <u>17IX</u> 19b. MAJOR FINDINGS OF OPERATION <u>17IX</u> 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH <u>1 mo. 1 yr.</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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>10:20</u>		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>Sept 3</u> 19 <u>51</u> , to <u>Oct 20</u> 19 <u>51</u> , that I last saw the deceased alive on <u>Oct 20</u> 19 <u>51</u> , and that death occurred at <u>12:45</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Stanley Hegner M.D.</u>				23b. ADDRESS <u>Perryville Mo.</u>		23c. DATE SIGNED <u>Oct 22, 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 23 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Baptist Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Crosstown Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 23-1951</u>		REGISTRAR'S SIGNATURE <u>Joe J. Zuelchner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Young & Sons Perryville</u>		ADDRESS <u>Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NOV 2 1931

DISTRICT HEALTH OFFICE No. 6

File No.

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 Wallace Young

Licensed Embalmer No. 40127

P. O. Address Perryville 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.