

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37632

State File No. ....

FILED DEC 15 1951,

5152

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> <u>8150</u>	
c. LENGTH OF STAY (in this place) <u>5 Hrs</u>		d. STREET ADDRESS (If rural, give location) <u>1027 So-West Blvd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>			

3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Bradley</u> c. (Last) <u>Turner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 29 1951</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 9, 1937</u>	9. AGE (In years last birthday) <u>19</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dumpster Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Construction Work</u>	11. BIRTHPLACE (State or foreign country) <u>Benton Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Wm S Turner</u>	13b. MOTHER'S MAIDEN NAME <u>Fern Bickford</u>	14. NAME OF HUSBAND OR WIFE <u>Joyce F Turner</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>725-16-2502</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joyce F Turner</u> ADDRESS <u>Kansas City, Kans.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>E 9 12 3 6</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Subarachnoid Hemorrhage</u>		
	ANTECEDENT CAUSES <u>+ encephalomyelitis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>multiple basilar skull fractures due to trauma</u> 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 <u>083</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <u>Construction Site</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Parkville, Platte, Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-29-51</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Bulldozers fell on him</u>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>GEO. C. Kealhofer</u> (Degree or title)	23b. ADDRESS <u>4050 Berkeley St</u>	23c. DATE SIGNED <u>11-30-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-3-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Silent City</u>	24d. LOCATION (City, town, or county) (State) <u>De Soto Kansas</u>
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DATE REC'D BY LOCAL REG. <u>12-1-51</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed Paulinos</u> ADDRESS <u>10901 Johnson Dr Shawnee Kans</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 30 1962

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

*Russell N. France*

Licensed Embalmer No.

4255

P. O. Address

K. C. Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.