

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40825

Franklin
FILED DEC 22 1951

State File No. *117*
Registrar's No. *525*

BIRTH NO. _____ REG. DIST. NO. *43* PRIMARY REG. DIST. NO. *3007*

1. PLACE OF DEATH a. COUNTY <i>Butler</i> <i>0124</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Butler</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Poplar Bluff, Mo.</i>		c. LENGTH OF STAY (In this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Poplar Bluff Hosp.</i>		d. STREET ADDRESS (If rural, give location) <i>Highway 67 North</i> <i>0</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>George</i> b. (Middle) <i>Washington</i> c. (Last) <i>Turner</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Nov. 22, 1951</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>March 29, 1863</i>	9. AGE (In years (as birthday) Months Days) <i>88 7n 23</i>	IF UNDER 1 YEAR <i>7n 23</i>	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <i>Shelby County, Ill.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
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13a. FATHER'S NAME <i>Joseph Turner</i>	13b. MOTHER'S MAIDEN NAME <i>Elizabeth Ann Taylor</i>	14. NAME OF HUSBAND OR WIFE <i>Sarah Elizabeth Turner</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <i>Elmer Turner</i>	ADDRESS <i>Poplar Bluff, Mo.</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Uremia</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Prostatic Hypertrophy and</i> DUE TO (c) <i>Urinary Obstruction</i>		
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 <i>610X</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from *10 Nov, 1951*, to *22 Nov, 1951*, that I last saw the deceased alive on *22 Nov, 1951*, and that death occurred at *10:55 Am.*, from the causes and on the date stated above.

22a. SIGNATURE <i>W. H. Johnson</i> (Degree or title) <i>MS</i>	23b. ADDRESS <i>324 Oak Poplar Bluff Mo</i>	23c. DATE SIGNED <i>12 Dec 51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>11-26-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Woodlawn Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>Poplar Bluff, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>Dec. 14 1951</i>	REGISTRAR'S SIGNATURE <i>Wm. H. Johnson</i> <i>428</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Frank-Cotrell</i>	ADDRESS <i>Poplar Bluff, Mo.</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DEC 20 1951
BUTLER CO. HEALTH CENTER
FILE No. 1251-549

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.

Student Embalmer No.

Signed Howard A. Cooper

Signed.....
Student Embalmer

Licensed Embalmer No. 3996

P. O. Address 412 Vine St Poplar

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.