

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6003**

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 40

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| 1. PLACE OF DEATH a. COUNTY <u>Phelps</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tebbetts</u> | |
| c. LENGTH OF STAY (in this place) <u>13 days</u> | | d. STREET ADDRESS (If rural, give location) <u>None</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McFarland Nursing Home</u> | | | |

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|-------------------------------------|-------------------------|-------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>SARAH</u> | b. (Middle) | c. (Last) <u>TURNER</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 25, 1952</u> |
|-------------------------------------|-------------------------|-------------|-------------------------|--|

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|----------------------|-------------------------------|---|---------------------------------------|---|---|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>July 26, 1861</u> | 9. AGE (In years last birthday) <u>90</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 MRS. Hours _____ Min. _____ |
|----------------------|-------------------------------|---|---------------------------------------|---|---|--|

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| 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 _____ | 11. BIRTHPLACE (State or foreign country) <u>Franklin County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
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| 13a. FATHER'S NAME <u>Ike Josephson</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Samuel James Turner</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Hospital records</u> | ADDRESS _____ |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>years 0</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary sclerosis</u> | | |
| | 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. <u>Senility</u> | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | 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) (Min.) _____ | 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 Feb 20, 1952 to Feb 25, 1952, that I last saw the deceased alive on Feb 24, 1952, and that death occurred at 8:20P m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>E. E. Feind M.D.</u> | 23b. ADDRESS <u>Rolla Mo.</u> | 23c. DATE SIGNED <u>2-25-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>Feb. 25, 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Tebbetts, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>Feb. 26, 1952</u> | REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</u> | ADDRESS <u>Rolla, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 4 1952

0.300
0.48

Date Filed 3-3-52

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 Paul E. Nulle

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.