

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9252

State File No.

FILED MAR 24 1952

BIRTH NO. _____ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 4365 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Newtonia</u>	c. LENGTH OF STAY (In this place) <u>6 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Newtonia 0730</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>3</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>OSCAR</u> c. (Last) <u>TURNER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-12-1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>12-19-1886</u>
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone operator</u>	11. BIRTHPLACE (State or foreign country) <u>Berry County Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Wm A Turner</u>	
13b. MOTHER'S MAIDEN NAME <u>Emma Waller</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</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>72204</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Billy Turner</u>		ADDRESS <u>Newtonia 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>Arthritis (Rheumatoid) generalized -</u> INTERVAL BETWEEN ONSET AND DEATH <u>more than 1 year -</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>Probable malignancy of prostate</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Newtonia</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. HOW DID INJURY OCCUR?	
21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21g. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Oct 19 51</u> , to <u>Feb 27 19 52</u> , that I last saw the deceased alive on <u>Feb 27 19 52</u> and that death occurred at <u>10:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. A. Chester</u>		23b. ADDRESS <u>Granby, Mo.</u>	
23c. DATE SIGNED <u>3/13/52</u>		23d. NAME OF CEMETERY OR CREMATORY <u>Page Memorial</u>	
23e. LOCATION (City, town, or county) (State) <u>Sand Springs Okla</u>		23f. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-15-1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Page Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Sand Springs Okla</u>	
DATE REC'D BY LOCAL REG. <u>3-14-52</u>		REGISTRAR'S SIGNATURE <u>Alphe Dyer</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Cleaver Funeral Home</u>		ADDRESS <u>Cassville Mo</u>	

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

5730
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RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 352-42

Date Filed 3-18-52

NEOSHO, MISSOURI

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 D. Henbest

Licensed Embalmer No. 4576

P. O. Address Cassville, 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.