

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20883**

FILED JUN 19 1952

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>256</u>		
1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>				
b. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Joplin</b>		<b>0495</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>625 Connor Ave.,</b>				d. STREET ADDRESS (If rural, give location) <b>625 Connor Ave.,</b>				
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Jess</b>		b. (Middle) <b>Earl</b>		c. (Last) <b>Turner</b>		
4. DATE OF DEATH		(Month) <b>June</b>		(Day) <b>7,</b>		(Year) <b>1952</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec 27, 1883</b>		
9. AGE (In years last birthday) <b>68</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Decorating</b>			11. BIRTHPLACE (State or foreign country) <b>Wichita, Kansas</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>			13a. FATHER'S NAME <b>John Turner</b>		13b. MOTHER'S MAIDEN NAME <b>Mandy Bird</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs Mamie Turner</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		(If yes, give war or dates of service) <b>World War #1</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Mamie Turner, 625 Connor., Joplin, Mo</b>		
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						
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Edema</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b>						
ANTECEDENT CAUSES		DUE TO (b) <b>Cardiac Decompensation</b>						
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)						
II. OTHER SIGNIFICANT CONDITIONS		<b>Alcoholism</b>						
Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4343</b>						
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) m.		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>6-7</u> , 19 <u>52</u> , to <u>6-7</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6-7</u> , 19 <u>52</u> , and that death occurred at <u>5:30</u> p.m., from the causes and on the date stated above.								
23a. SIGNATURE <b>J. Schaefer</b>				23b. ADDRESS <b>Joplin Mo</b>		23c. DATE SIGNED <b>6-9-52</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>6-10-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fairview Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Joplin, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>6-12-52</b>		REGISTRAR'S SIGNATURE <b>Jess Earl Turner</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thornhill-Dillon Mortuary, Joplin, Mo</b>				

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

495  
1

RECEIVED 6-17-52

Jasper County Health Office

County File Number 52/6/455

Date Filed 6-17-52

JUN 18 1952

JUN 17 1952

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 William E. Davidson

Signed.....  
Student Embalmer

Licensed Embalmer No. 4770.

P. O. Address Joplin, 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.