

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32621**

No. 300
10-48 **DOCT 1 1952**

BIRTH NO. _____ REG. DIST. NO. **298** PRIMARY REG. DIST. NO. **6523** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY Ray			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ray		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Knoxville Twp.		c. LENGTH OF STAY (in this place) 7 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		0890
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2 miles northwest Knoxville			d. STREET ADDRESS (If rural, give location) 2 miles northwest Knoxville		
3. NAME OF DECEASED (Type or Print) a. (First) SUE b. (Middle) RUTH c. (Last) TURNER			4. DATE OF DEATH (Month) (Day) (Year) Sept. 23, 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 13, 1888	9. AGE (In years last birthday) 64	10. IF UNDER 1 YEAR Days 4 Hours 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Pecos, Texas		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Mark Mitchell		13b. MOTHER'S MAIDEN NAME Elizabeth Mitchell		14. NAME OF HUSBAND OR WIFE Jack H. Turner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. B.B. Brown, Richmond, Mo.		
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, asthma, etc. It means the disease, injury, or complication which caused death.					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH	
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.					
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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		4201
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:15 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Dr. John F. Baker³ Coroner			23b. ADDRESS Richmond Mo.		23c. DATE SIGNED 9-23-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-25-1952	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
DATE REC'D BY LOCAL REG. Sept 25, 1952		REGISTRAR'S SIGNATURE Mrs. Raymond Love		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas J. Carter Richmond, Mo.	

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

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 Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, 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.