V.S. No. 300 FILED NOV 3 1952
REV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34361

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 361

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

1. PLACE OF DEATH
a. COUNTY Callaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fulton
c. LENGTH OF STAY (in this place) 24 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital no 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Marshall b. COUNTY Saline
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Marshall Mo
d. STREET ADDRESS (If rural, give location) 602 Garfield Ave

3. NAME OF DECEASED (Type or Print) a. (First) Regina b. (Middle) J c. (Last) Turner
4. DATE OF DEATH (Month) Oct (Day) 27 (Year) 1952
5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Sept 3, 1892
9. AGE (In years last birthday) 60 IF UNDER 1 YEAR Months 1 Days 24 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife
10b. KIND OF BUSINESS OR INDUSTRY shoe factory
11. BIRTHPLACE (City and State or Foreign Country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Hostedte
13b. MOTHER'S MAIDEN NAME Minnie Crumley
14. NAME OF HUSBAND OR WIFE Thos C. Turner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. DK
17. INFORMANT'S SIGNATURE OR NAME Thos C Turner, ADDRESS Marshall 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hypertensive heart disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic nephritis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 592 X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 13, 1952, to Oct 27, 1952, that I last saw the deceased alive on Oct 27, 1952, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE J R Hunter (Degree or title) MD
23b. ADDRESS Fulton Mo
23c. DATE SIGNED Oct 27/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Oct. 29 1952
24c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery
24d. LOCATION (City, town, or county) (State) Marshall Gilliam Mo.

DATE REC'D BY LOCAL REG. Oct 31-1952
REGISTRAR'S SIGNATURE Marella Lawrence
GILLIAM
FUNERAL DIRECTOR'S SIGNATURE M A AUDIN FUNERAL Home ADDRESS FULTON

(Licensed Embalmer's Statement on Reverse Side)

AUG 3 1951

NOV 12 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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed J. D. Rosson

Licensed Embalmer No. 2555

P. O. Address Hutton 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.