

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5055 State File No. 37593

FILED NOV 18 1952

13 392

5649

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BIRTH NO. _____		REG. DIST. NO. <u>13 392</u>		PRIMARY REG. DIST. NO. <u>5649</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived - If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Barry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Barron</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Barron</u>		TOWN <u>Cape Creek</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9 miles S. of Barry, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>2 1/2 miles S. of Barry, Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>FRANCIS</u> c. (Last) <u>TURNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 1 - 52</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Jan 11 - 1874</u>		9. AGE (In years last birthday) <u>78</u>	10. IF UNDER 1 YEAR Days <u>10</u> 11. IF UNDER 1 YEAR Hours <u>1</u> 12. IF UNDER 1 YEAR Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Tom Turner</u>			13b. MOTHER'S MAIDEN NAME <u>Myra Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Never married</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bette Turner</u> ADDRESS <u>Turner Co., 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Embolism of mid cerebral artery</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.					INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>332X</u>					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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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>Dec 18</u> , 19 <u>50</u> , to <u>Nov. 11</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Nov. 11</u> , 19 <u>52</u> , and that death occurred at <u>8:00 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Charles A. Mow</u> (Degree or title) <u>DO.</u>			23b. ADDRESS <u>Pine City, Mo.</u>		23c. DATE SIGNED <u>11-13-52</u>		
24a. BURIAL (CREMATION) REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>14-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Patricks</u>		24d. LOCATION (City, town, or county) (State) <u>Pine City, Mo</u>		
DATE REC'D BY LOCAL REG. <u>Nov 13 52</u>		REGISTRAR'S SIGNATURE <u>John M. Davis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Bros</u> ADDRESS <u>Pine City, Mo</u>			

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

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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

Edwin P Wilks

working under my personal supervision.

Student Embalmer No.

Signed

Edwin P Wilks

Signed.....

Student Embalmer

Licensed Embalmer No.

4131

P. O. Address

Prine City, 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.