

FILED DEC 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39171

State File No. _____

Registrar's No. 227

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give town) Carthage Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Carterville, Missouri 0490	
c. LENGTH OF STAY (in this place) 1 Wk		d. STREET ADDRESS (If rural, give location) 204 Elm St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 701 Morning Side Drive			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) F.	c. (Last) Turner	4. DATE OF DEATH (Month) (Day) (Year) Nov. 19 1952
-------------------------------------	--------------------	----------------	------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec 22 1864	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
---------------	------------------------	--	------------------------------	------------------------------------	-----------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	--	-------------------------------------

13a. FATHER'S NAME Jim Turner	13b. MOTHER'S MAIDEN NAME Sarah Turner	14. NAME OF HUSBAND OR WIFE Edith Turner (Deceased)
-------------------------------	--	---

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 Mr. Elmer Turner Joplin 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		INTERVAL BETWEEN ONSET AND DEATH 48 Hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure		Yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis 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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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 9/17 19 52 to 11/19 1952, that I last saw the deceased alive on 11/19 19 52 and that death occurred at 10:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] D.O.	23b. ADDRESS Alba, Mo.	23c. DATE SIGNED 11/20/52
---	------------------------	---------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 21 1952	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) Webb City, Missouri
--	------------------------	--	---

DATE REC'D BY LOCAL REG. 11-24-52	REGISTRAR'S SIGNATURE [Signature] 139	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston A. Simpson Mortuary Webb City, Missouri
-----------------------------------	---------------------------------------	---

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

RECEIVED 12-3-52
Jasper County Health Office

County File Number 52/12/939
Date Filed 12-3-52

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 *Thurston C. Amos*

Licensed Embalmer No. 4463

P. O. Address *Wool 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.