

No. 300  
10-48

0690

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39546

FILED DEC 15 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5805 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL-JEFFERSON TWP</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL-JEFFERSON TWP U</b>	
c. LENGTH OF STAY (in this place) <b>13 YRS.</b>		d. STREET ADDRESS (If rural, give location) <b>R.F.D. #1, STOUTSVILLE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>R.F.D. #1, STOUTSVILLE</b>			

3. NAME OF DECEASED a. (First) <b>BURRIS</b> b. (Middle) <b>LEE</b> c. (Last) <b>TURNER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 11, 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>MAR. 9, 1888</b>		9. AGE (In years last birthday) <b>64</b>		10. IF UNDER 1 YEAR Months <b>9</b> Days <b>2</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GEN. FARMING</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>MISSOURI U</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>FRANK TURNER</b>		13b. MOTHER'S MAIDEN NAME <b>MARTHA EDDINGS</b>		14. NAME OF HUSBAND OR WIFE <b>BELLAN TURNER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO.</b>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. BURRIS L. TURNER, STOUTSVILLE, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>lymphosarcoma</b>				INTERVAL BETWEEN ONSET AND DEATH <b>N.K.</b>	
		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) <b>2001</b>			
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 **Nov. 28, 1952**, to **Dec. 11, 1952**, that I last saw the deceased alive on **12-5, 1952**, and that death occurred at **1:40 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J.A. Barnett</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>PARIS, MO.</b>		23c. DATE SIGNED <b>12-11-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>12/13/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>LICK CREEK CEM.</b>	
24d. LOCATION (City, town, or county) (State) <b>NEAR PERRY, MO.</b>		24e. NAME OF CEMETERY OR CREMATORY <b>LICK CREEK CEM.</b>		24f. LOCATION (City, town, or county) (State) <b>NEAR PERRY, MO.</b>	
DATE REC'D BY LOCAL REG. <b>12-11-52</b>		REGISTRAR'S SIGNATURE <b>J.A. Barnett, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Speed-Blakey, PARIS, MISSOURI</b>	

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 \_\_\_\_\_

*W. H. Blakey*

Licensed Embalmer No. ~~500~~ 2614

P. O. Address PARIS, MISSOURI

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.