

FILED MAR 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10136**
i. **1434**
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

1. PLACE OF DEATH a. COUNTY JACKSON b. CITY (If outside corporate limits, write RURAL and give town) KANSAS CITY c. LENGTH OF STAY (in this place) 3 1/2 YRS. d. FULL NAME OF HOSPITAL OR INSTITUTION 512 WOODLAND, Conv. Home		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PLATTE c. CITY (If outside corporate limits, write RURAL and give township) TRACY 1830 d. STREET ADDRESS (If rural, give location) 1 X		
3. NAME OF DECEASED a. (First) JACK b. (Middle) D. c. (Last) TURNER			4. DATE OF DEATH (Month) (Day) (Year) FEB. 28, 1953	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH OCT. 24, 1863	9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COMMON LABORER		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME THOMAS L. TURNER		13b. MOTHER'S MAIDEN NAME MARY A. DEBERRY	14. NAME OF HUSBAND OR WIFE -	
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. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS C. A. SKILLMAN - PLATTE CITY, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis ANTECEDENT CAUSES Arteriosclerosis 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 7 yrs 2 yrs 45⁰⁰
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 1-15-51, 19___, to 2-28-53, 19___, that I last saw the deceased alive on 2-28-53, 19___, and that death occurred at 4 a. m., from the causes and on the date stated above.				
23a. SIGNATURE Paul Laurenzana (Degree or title)			23b. ADDRESS 428 S. White Ave	23c. DATE SIGNED 2-28-53
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 2-28-53	24c. NAME OF CEMETERY OR CREMATORY PLATTE CITY, Mo. Cem.	24d. LOCATION (City, town, or county) (State) PLATTE CITY, Mo.	
DATE REC'D BY LOCAL REG. 3-10-53	REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rollins & Mitchell, Platte City, Mo.	

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 Roland M. Giffey

Licensed Embalmer No. 4725

P. O. Address Platte 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.