

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10394

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 5609 Registrar's No. 11

0510  
1

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

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rose Hill Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blairstown</u>	
c. LENGTH OF STAY (In this place) <u>7 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D., Blairstown, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home, Blairstown RFD</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Theophilus</u> b. (Middle) <u>Wilson</u> c. (Last) <u>Turner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 18, 1953</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>April 12, 1882</u>		9. AGE (In years last birthday) <u>70</u>		10. IF UNDER 1 YEAR: Months <u>11</u> Days <u>6</u> Hours <u></u> Mins. <u></u>	
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 <u>own farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Almon, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>George Turner</u>		13b. MOTHER'S MAIDEN NAME <u>Sue Ann Parks</u>		14. NAME OF HUSBAND OR WIFE <u>Edith Turner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>XXXX</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edith Turner, Holden, Missouri</u> ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary Thrombosis</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Chronic Myocarditis</u>		<u>2 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>XXX</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXXX</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>XXXX</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>XXXX</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>XXXX</u>	

22. I hereby certify that I attended the deceased from March, 1951, to March 18 1953, that I last saw the deceased alive on March 18, 1953, and that death occurred at 11:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Signature or title) <u>Kelly Paulino M.D.</u>		23b. ADDRESS <u>Holden, Missouri</u>		23c. DATE SIGNED <u>3/10/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3/22/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Concord Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Bates City, Missouri</u>					

DATE REC'D BY LOCAL REG. <u>3/20/1953</u>		REGISTRAR'S SIGNATURE <u>Mrs. James Redford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Canaday and Ropp, Holden, Missouri</u> ADDRESS	
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JOHNSON COUNTY HEALTH DEPT  
REGISTERED  
MAR 23 1953

**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

*M. J. Cradley*

Licensed Embalmer No. *3439*

P. O. Address *Helder, 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.