

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13783

State File No.

FILED MAY 12 1953

BIRTH NO. _____ REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 4187 Registrar's No. 17

361
1

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

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>Franklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union</u> <u>0361</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |

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|-------------------------------------|--------------------------|-------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Joseph</u> | b. (Middle) <u>John</u> | c. (Last) <u>Turner</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 6, 1953</u> |
|-------------------------------------|--------------------------|-------------------------|-------------------------|---|

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|--------------------|-------------------------------|--|---|---|--|----------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH <u>November 26, 1874</u> | 9. AGE (In years last birthday) <u>78</u> | UNDER 1 YEAR Months <u>15</u> Days <u>10</u> | IF UNDER 2 HRS. Hours Min. |
|--------------------|-------------------------------|--|---|---|--|----------------------------|

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|---|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dont Know</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Dont Know</u> | 11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U</u> |
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| 13a. FATHER'S NAME <u>John Turner</u> | 13b. MOTHER'S MAIDEN NAME <u>Annise Turner</u> | 14. NAME OF HUSBAND OR WIFE <u>Dont Know</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Dont Know</u> | 16. SOCIAL SECURITY NO. <u>✓</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Not Informator from Union Rest Home</u> | ADDRESS |
|--|----------------------------------|---|---------|

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| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | 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. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE <u>Natural</u> (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Union, Franklin Mo.</u> |
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| 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? |
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Ernest P. Oltnam</u> (Degree or title) <u>3 coroner</u> | 23b. ADDRESS <u>Beard Mo</u> | 23c. DATE SIGNED <u>May 6, 1953</u> |
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|---|-----------|------------------------------------|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) |
|---|-----------|------------------------------------|---|

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| DATE REC'D BY LOCAL REG. <u>May 7 1953</u> | REGISTRAR'S SIGNATURE <u>E. P. Cooper</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>E. P. Oltnam</u> | ADDRESS <u>Union, Mo.</u> |
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MA: 18 1954

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 E. F. Olthoff

Licensed Embalmer No. 1686

P. O. Address Union 7201

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.