

## STANDARD CERTIFICATE OF DEATH

State File No. **30497**  
Registrar's No. **7586**

FILED AUG 31 1953

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>7586</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>				c. LENGTH OF STAY (In this place) <b>1 Week</b>		d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Parklane Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>4238 DeSoto Ave.</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Martha</b>		b. (Middle) <b>Ellen</b>		c. (Last) <b>Turney</b>	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
<b>Aug. 1, 1953</b>							
5. SEX <b>F.</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>June 18, 1909</b>	
9. AGE (In years last birthday) <b>44</b>		IF UNDER 1 YEAR Months		IF UNDER 11 HRS. Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Friecook</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Arkansas</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>							
13a. FATHER'S NAME <b>George Turney</b>		13b. MOTHER'S MAIDEN NAME <b>Cornelia Dunn</b>		14. NAME OF HUSBAND OR WIFE <b>Calvin J. Turney</b>			
15. WAS DECEASED EVER INJURED OR DISEASED? (Yes, no, or unknown) (If yes, state what and when)		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Calvin J. Turney 4238 DeSoto Ave.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart exhaustion</b> ANTECEDENT CAUSES <b>Multiple uterine fibroids</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last, <b>Deep pelvic abscess</b> 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. <b>Carcinoma of sigmoid</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
19a. DATE OF OPERATION <b>July 25-53</b>		19b. MAJOR FINDINGS OF OPERATION <b>multiple uterine fibroids, deep pelvic abscess, carcinoma of sigmoid</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <b>153X</b>		21d. (STATE)	
21d. TIME OF INJURY		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 <b>July 22, 1953</b> , to <b>Aug 1, 1953</b> , that I last saw the deceased alive on <b>Aug 1, 1953</b> , and that death occurred at <b>3:55P m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>E. N. Snyder M.D.</b>				23b. ADDRESS <b>705 Olive St.</b>		23c. DATE SIGNED <b>8-3-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Aug. 4, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Annoc Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Heber Spring, Ark.</b>	
DATE REC'D BY LOCAL REG. <b>AUG 4 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. B. Arthur &amp; Donnelly 3840 Lindell</b>			

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed *James Williamson*

Licensed Embalmer No. *356*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.