

FILED OCT 14 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32694

BIRTH NO. _____		REG. DIST. NO. 291		PRIMARY REG. DIST. NO. 5997		Registrar's No. 60	
1. PLACE OF DEATH a. COUNTY Putnam				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Putnam			
b. CITY (If outside corporate limits, write RURAL and give ownership) OR TOWN Lemons <i>Wilton</i>		c. LENGTH OF STAY (In this place) I 6 Days		c. CITY OR TOWN Powersville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Fairview Rest Home				e. STREET ADDRESS (If rural, give location) 0860			
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) Enoch		c. (Last) Turner		4. DATE OF DEATH (Month) (Day) (Year) Sept. 27 1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Oct. 18 1880	
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months II		IF UNDER 1 YEAR Days 15		IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Hand		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Putnam County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Dick Pool		13b. MOTHER'S MAIDEN NAME Susie Ann Turner		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 Mrs John Burress Powersville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Degenerative myocarditis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Partially unresolved pneumonia</i> 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222				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)			
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 4-28, 1953, to 5-18, 1953, that I last saw the deceased alive on 5-19, 1953, and that death occurred at 7:30 a. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>L. W. McDonald</i>				23b. ADDRESS <i>Unionville, Mo.</i>		23c. DATE SIGNED 9-29-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 29 1953		24c. NAME OF CEMETERY OR CREMATORY Wyreka Cemetery		24d. LOCATION (City, town, or county) (State) Putnam County Missouri	
DATE REC'D BY LOCAL REG. 10-9-53		REGISTRAR'S SIGNATURE <i>Marcell Durborn</i> 266		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Comstock Funeral Home By <i>J. W. Comstock</i> Unionville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 4

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 W. Pritchard*.....

Licensed Embalmer No. *419*.....

P. O. Address *Unionville*.....

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.