

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

35398

FILED NOV 5 - 1953

State File No. _____

BIRTH NO. _____		REG. DIST. NO. 77	PRIMARY REG. DIST. NO. 3016	Registrar's No. 309
1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole 0264		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City,		c. LENGTH OF STAY (in this place) 68 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City,	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location) 814 East Elm Street		
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) _____ c. (Last) TURNER			4. DATE OF DEATH (Month) (Day) (Year) October 31 1953	
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH May 2 1866	9. AGE (In years, last birthday) 87 5 29 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Oklahoma /	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Richard Turner		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Deceased	
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. 490 09 7727A	17. INFORMANT'S SIGNATURE OR NAME Vella Wade ADDRESS 617 R. E. Dunklin St.	
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) Atherosclerosis J.C.Mo. and Atherosclerotic Heart Disease. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gangrene of Scrotum		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	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) (m.)		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 10-20, 1953 to 10-31, 1953 that I last saw the deceased alive on 10-31, 1953 and that death occurred at 10:30 P.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) J. Bruce		23b. ADDRESS 2341 Madison	23c. DATE SIGNED 11-4-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-2-53	24c. NAME OF CEMETERY OR CREMATORY Old City Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.
DATE REC'D BY LOCAL REG. Nov. 4-1953	REGISTRAR'S SIGNATURE R.P. Davis MD	25. FUNERAL DIRECTOR'S SIGNATURE Robinson Service J.C. Mo. ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

Bruce

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 *[Signature]*

Licensed Embalmer No. *3641*

P. O. Address *[Signature]*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.