

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41857

State File No. 51

FILED DEC 1 - 1953

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4615 Registrar's No. _____

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

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Francis</u> c. (Last) <u>Turner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-17-53</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>9-15-1869</u>	9. AGE (In years last birthday) <u>84</u>	10. IF UNDER 1 YEAR Days <u>2</u> IF UNDER 1 HRS. Hours <u>2</u> Min. <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Milan - Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Pleasant Baker</u>		13b. MOTHER'S MAIDEN NAME <u>Lizzie Lawrence</u>		14. NAME OF HUSBAND OR WIFE <u>David Turner (dead)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Edna Lee</u> ADDRESS <u>Milan - Mo</u>	

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) <u>Hypertensive pneumonitis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile changes</u>			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>794X</u>		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 _____, 1951, to 11-17, 1953, that I last saw the deceased alive on 11-17, 1953, and that death occurred at 2:20 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Brignon</u> (Degree or title)		23b. ADDRESS <u>Milan</u>		23c. DATE SIGNED <u>11-20-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/19/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Milan - Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schoenel</u>		ADDRESS <u>Milan - Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 23-1953</u>		REGISTRAR'S SIGNATURE <u>Mrs H. B. Harsh</u>		320 - G	

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

300
48

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 _____

Daught Schoene

Licensed Embalmer No. *2667*

P. O. Address *Melan - Mo*

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.