

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

State File No. **5104**
Registrar's No. **652**

FILED MAR 4 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Jackson		a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 45 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1811 East 76th Street		e. STREET ADDRESS (If rural, give location) 1811 East 76th Street 3908	
3. NAME OF DECEASED		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) Baxter b. (Middle) Chandler c. (Last) Turner		February 9, 1954	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 12, 1886	
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist	
11. BIRTHPLACE (City and State or Foreign Country) West Plains, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Turner		13b. MOTHER'S MAIDEN NAME MARTHA	
14. NAME OF HUSBAND OR WIFE Birdella Turner		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) WW #1 (If yes, give war or dates of service) Army WW#1	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Birdella Turner ADDRESS 1811 East 76th Street	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH 6 hours	
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE (b) Arteriosclerosis 5 yrs	
DUPLICATE (c)		DUPLICATE (c)	
III. 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 Heart	
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) (Min)		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 Jan 1, 1948, to Feb 9, 1954, that I last saw the deceased alive on Feb 9, 1954, and that death occurred at 3:25 A.M., from the causes and on the date stated above.	
23a. SIGNATURE John H. Caldwell (Degree or title) M.D.		23b. ADDRESS 1036 Argyle Kansas City, Mo.	
23c. DATE SIGNED 2/9/54		24. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	
24b. DATE 2-11-54		24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS	
24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer ADDRESS 139 1/2 Bush Street Kansas City Mo.	
DATE REC'D BY LOCAL REG. 2-10-54		REGISTRAR'S SIGNATURE Seraldine Smith	

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

No. 300
10-48

EMBAL

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 *Robert J. Boyer*.....

Licensed Embalmer No. *48*.....

P. O. Address *KC 10*.....

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.