

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9620

State File No. ....

No. 300  
10-48

BIRTH FILED APR 14 1954 REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 58

|   |                                       |  |   |
|---|---------------------------------------|--|---|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <u>Phelps</u>   |                                       | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Rolla</u>  |                                       | c. LENGTH OF STAY (in this place)<br><u>71 yrs</u>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>1209 Iowa St.</u>   |                                       | d. STREET ADDRESS (If rural, give location)<br><u>1209 Iowa St.</u>  |   |
| <b>3. NAME OF DECEASED</b><br>(Type or Print) a. (First) <u>William</u> b. (Middle) <u>Robert</u> c. (Last) <u>Turner</u>   |                                       | <b>4. DATE OF DEATH</b> (Month) (Day) (Year)<br><u>Apr 4 1954</u>  |   |
| <b>5. SEX</b><br><u>Male</u>  | <b>6. COLOR OR RACE</b><br><u>W</u>   | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)<br><u>M</u>  | <b>8. DATE OF BIRTH</b><br><u>24 AUG 1882</u>   |
| <b>9. AGE</b> (In years last birthday) <u>71</u>  | IF UNDER 1 YEAR<br>Months Days        | IF UNDER 24 HRS.<br>Hours Min.   |   |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><u>Retired Farmer</u>   |                                       | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><u>Farming</u>   |   |
| <b>11. BIRTHPLACE</b> (State or foreign country)<br><u>Phelps County, Mo.</u>   |                                       | <b>12. CITIZEN OF WHAT COUNTRY?</b><br><u>U.S.A.</u>   |   |
| <b>13a. FATHER'S NAME</b><br><u>Elijah Richard Turner</u>   |                                       | <b>13b. MOTHER'S MAIDEN NAME</b><br><u>Emma Jane Stranhan</u>  | <b>14. NAME OF HUSBAND OR WIFE</b><br><u>Sarah Anna Hudgens</u>                             |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |                                       | <b>16. SOCIAL SECURITY NO.</b><br>—  | <b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mary J. Parley</u> ADDRESS <u>1209 Iowa St.</u> |
| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                          |                                       | <b>MEDICAL CERTIFICATION</b><br><b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cachexia, Extreme</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Cerebral Thrombosis</u><br>DUE TO (c) <u>Hypertensive Cardiovascular dis.</u> |   |
| INTERVAL BETWEEN ONSET AND DEATH<br><u>7 days</u><br><br><u>1 yr.</u><br><br><u>4 yrs</u>   |                                       |  |   |
| <b>19a. DATE OF OPERATION</b>   |                                       | <b>19b. MAJOR FINDINGS OF OPERATION</b><br><u>443X</u>   | <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |
| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)   |                                       | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)  | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>                                      |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)  |                                       | <b>21e. INJURY OCCURRED</b><br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | <b>21f. HOW DID INJURY OCCUR?</b>   |
| <b>22. I hereby certify that I attended the deceased from</b> <u>17 JAN 1954</u> , to <u>4 APR 1954</u> , that I last saw the deceased alive on <u>3 APR 1954</u> , and that death occurred at <u>6:30 A.M.</u> , from the causes and on the date stated above. |                                       |  |   |
| <b>23a. SIGNATURE</b> (Degree or title)<br><u>R. N. Giam Jr. M.D.</u>   |                                       | <b>23b. ADDRESS</b><br><u>213 West 8 Rolla, Mo.</u>  | <b>23c. DATE SIGNED</b><br><u>4 APRIL 54</u>  |
| <b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)<br><u>Burial</u>   | <b>24b. DATE</b><br><u>Apr 6 1954</u> | <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><u>Rolla</u>  | <b>24d. LOCATION</b> (City, town, or county) (State)<br><u>Rolla Mo</u>                     |
| <b>DATE REC'D BY LOCAL REG.</b><br><u>April 5, 1954</u>   |                                       | <b>REGISTRAR'S SIGNATURE</b><br><u>Nadine L. Stoll</u>   | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS<br><u>Lee Johnson Newburg Mo</u>            |

(Licensed Embalmer's Statement on Reverse Side)

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

0812

0812

Phelps County Health Officer,

County File Number

Date Filed

4-12-54

APR 15 1954

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

*Lee Johnson*

Licensed Embalmer No. 3392

P. O. Address

*Newburg Mo*

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