

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14899**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 135

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. CITY OR TOWN <u>Columbia</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>601 N. Seventh St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>601 N. Seventh St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ORVILLE</u> b. (Middle) <u>HUME</u> c. (Last) <u>TURNER</u>			4. DATE OF DEATH <u>May 7, 1954</u> (Month) (Day) (Year)		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 23, 1872</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired instructor of Mechanical Trades</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mechanical Trades</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County, Missouri.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>James Perry Turner</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Olivia Sturgeon</u>		14. NAME OF HUSBAND OR WIFE <u>Beulah B. Hawkins</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Orville H. Turner, Columbia, 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		INTERVAL BETWEEN ONSET AND DEATH <u>Several yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardium</u> DUE TO (c) <u>Smility</u>		
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>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>SUICIDE</u>		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 Jan, 1948, to May 7, 1954, that I last saw the deceased alive on May 7, 1954, and that death occurred at 11:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. E. Palmer D.O.</u>		23b. ADDRESS <u>Columbia Mo</u>		23c. DATE SIGNED <u>5-8-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 9, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Columbia Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Columbia, Missouri.</u>	

DATE REC'D BY LOCAL REG. <u>May 8 1954</u>		REGISTRAR'S SIGNATURE <u>Mrs. R. E. Palmer</u>		317		FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>J. Parker Funeral Service, Columbia, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *W. W. McPherson*.....

Licensed Embalmer No. *38*.....

P. O. Address *Polk*.....

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.