

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300

10.48

FILED MAY 25 1954

BIRTH NO. 221-52-34 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ft. Leonard Wood, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fort Leonard Wood, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>U. S. Army Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>U. S. Army Hospital</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gloria</u>		b. (Middle) <u>May</u>	
		c. (Last) <u>Turner</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 30 1954</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>April 27 1954</u>		9. AGE (In years last birthday) <u>3</u> IF UNDER 1 YEAR <u>3</u> MONTHS IF UNDER 1 YEAR <u>3</u> DAYS IF UNDER 1 YEAR <u>3</u> HOURS IF UNDER 1 YEAR <u>3</u> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John Herbert Turner</u>		13b. MOTHER'S MAIDEN NAME <u>Shirley Adelaide Bellew</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE AND ADDRESS <u>L. A. WHITE, CAPT. MSC USAH FT. L. WOOD, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
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)	
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 <u>27 April, 1954</u> , to <u>30 April, 1954</u> , that I last saw the deceased alive on <u>30 April, 1954</u> , and that death occurred at <u>11:30 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wanda L. Whitener Cap. M.C.</u>		23b. ADDRESS <u>U.S. Army Hospital Fort Leonard Wood, Missouri</u>	
23c. DATE SIGNED <u>1 May 54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
24b. DATE <u>MAY 3-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>John Day Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>John Day Oregon</u>		24e. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Billy J. Hedger Crocker, Ind</u>	
DATE REC'D BY LOCAL REG. <u>5-3-54</u>		REGISTRAR'S SIGNATURE <u>Paula Grace Anderson</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-3-54  
Pulaski County Health Officer  
File Number  
Date Filed 5-15-54

**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 Charles F. Moore

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.