No. 300
10.48

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

FILED AUG 4 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23692

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 226

1. PLACE OF DEATH
a. COUNTY: MARION
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HANNIBAL
c. LENGTH OF STAY (In this place): 12 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Elizabeth Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MARION
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PHILADELPHIA 640
d. STREET ADDRESS (If rural, give location): PHILADELPHIA, MO 1

3. NAME OF DECEASED (Type or Print)
a. (First): HURLEY
b. (Middle): JACKSON
c. (Last): TURNER

4. DATE OF DEATH (Month) (Day) (Year): JULY 23, 1954

5. SEX: MALE 0

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: JANUARY 2, 1884

9. AGE (In years last birthday): 70
If under 1 year: Months 6, Days 21
If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER (RET)

10b. KIND OF BUSINESS OR INDUSTRY: OWN FARM

11. BIRTHPLACE (State or foreign country): EMDEN, MISSOURI 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JAMES W. TURNER

13b. MOTHER'S MAIDEN NAME: MARTHA McGLASSON

14. NAME OF HUSBAND OR WIFE: DAISEY C. TURNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S SIGNATURE OR NAME: Fern Turner
ADDRESS: Philadelphia Mo

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) Diabetes Mellitus — INTERVAL BETWEEN ONSET AND DEATH: 12 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebrovascular Lesion — 12 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Premicia — 10 days.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 5810

20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/12, 1954, *to* 7/23, 1954, *that I last saw the deceased alive on* 7/23, 1954, *and that death occurred at* 9.40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert J. Lanning MD
23b. ADDRESS: Hannibal, Mo
23c. DATE SIGNED: 7/26/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JULY 25, 1954
24c. NAME OF CEMETERY OR CREMATORY: ANDREW CHAPEL CEMETERY
24d. LOCATION (City, town, or county) (State): MARION COUNTY, MO

DATE REC'D BY LOCAL REG.: 7/26/54
REGISTRAR'S SIGNATURE: N E M Rucker By M C Fisher 189-0
25. FUNERAL DIRECTOR'S SIGNATURE: Wilson & Son's
ADDRESS: Monroe City, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 31 1954
MARION CO. HEALTH DEPT.
DATE FILED JUL 31 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 Me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Leslie L. Nelson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.