

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37641

State File No. ....

FILED NOV 23 1954

5057

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Jackson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City c. LENGTH OF STAY (In this place) 61 yrs  
c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hosp. STREET ADDRESS (If rural, give location) 516 3228 East 32nd Street 3560

3. NAME OF DECEASED a. (First) THOMAS b. (Middle) \_\_\_\_\_ c. (Last) TURNEY 4. DATE OF DEATH (Month) (Day) (Year) 10 30 54

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Aug. 16, 1870 9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY Post Office 11. BIRTHPLACE (City and State or Foreign Country) Pitstone, England 12. CITIZENRY OF WHAT COUNTRY? USA

13a. FATHER'S NAME Charles Turney 13b. MOTHER'S MAIDEN NAME Elizabeth Koker 14. NAME OF HUSBAND OR WIFE Cora Turney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, war or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Turney-3228 E. 32nd St.-K.C.Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION 'DIRECTLY LEADING TO DEATH' (a) Pneumo. pneumonia INTERVAL BETWEEN ONSET AND DEATH 24 hrs.  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES DUE TO (b) Acute Posterior Polyradiculopathy 6 days  
DUE TO (c) Diabetes Mellitus 15 years  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Granulocytic Leukemia ?

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 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) 260X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 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 10/14, 1954, to 10/29, 1954, that I last saw the deceased alive on 10/29, 1954, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE Thomas E. J. Davis M.D. (Degree or title) 23b. ADDRESS 1109 Grand, Kansas City, Mo. 23c. DATE SIGNED 11/1/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 11/2/54 24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 11-1-54 REGISTRAR'S SIGNATURE neva minshall 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar-Kansas City, Missouri

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Florence E. MacInnis M.D.

Three minutes  
1 to 4 p.m.  
ref - V10840

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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 *Melvin Bartaux*.....

Licensed Embalmer No. *490*

P. O. Address *K C M*.....

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.