

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

STANDARD CERTIFICATE OF DEATH

State File No. **1904**

FILED JAN 31 1955

BIRTH NO. _____		REG. DIST. NO. <b>251</b>		PRIMARY REG. DIST. NO. <b>3048</b>		Registrar's No. <b>55</b>	
1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Maryville</b>		c. LENGTH OF STAY (In this place) <b>2wks</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Parnell, Missouri. 0780</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Francis Hospital</b>				3. NAME OF DECEASED a. (First) <b>Mary Elizabeth</b> b. (Middle) <b>Turney</b> c. (Last) _____			
4. DATE OF DEATH <b>January-16-1955</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	
8. DATE OF BIRTH <b>March-23-1871</b>		9. AGE (In years last birthday) <b>83</b>		IF UNDER 1 YEAR Months <b>9</b> Days <b>23</b>		IF UNDER 2 HRS. Hours <b>1</b> Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mahaska County Iowa. 1</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Ebenezer Wilson</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Gullette</b>		14. NAME OF HUSBAND OR WIFE <b>Homer Grant Turney</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Vivion Sidden, Shannon City, Iowa.</b>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Occlusion</b>				INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) <b>4201 F</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Intertrochanteric Fracture, right Femur</b>				<b>2wks</b>	
19a. DATE OF OPERATION <b>1-8-55</b>		19b. MAJOR FINDINGS OF OPERATION <b>Intertrochanteric fracture, right femur</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Parnell, Nodaway, Mo</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Jan-2 55 7p</b>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>fell on floor</b>				22. I hereby certify that I attended the deceased from <b>Jan 8</b> , 19 <b>52</b> to <b>Jan 16</b> , 19 <b>55</b> that I last saw the deceased alive on <b>Jan 16</b> , 19 <b>55</b> , and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <b>Frank B. Matteson MD</b>		23b. ADDRESS <b>Grant City, MO</b>		23c. DATE SIGNED <b>1-28-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>January-18-1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lorimor</b>		24d. LOCATION (City, town, or county) (State) <b>Lorimor Iowa.</b>	
DATE REC'D BY LOCAL REG. <b>1-28-55</b>		REGISTRAR'S SIGNATURE <b>Kess Holt</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John Anderson</b>		ADDRESS <b>Grant City Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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.....

*John Andrews*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*John Andrews*

Licensed Embalmer No. *4211*

P. O. Address *Grant 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.