

No. 300
10. 48

FILED MAR 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4223**

BIRTH NO. _____ REG. DIST. NO. **69** PRIMARY REG. DIST. NO. **5272** Registrar's No. **33**

1. PLACE OF DEATH a. COUNTY CHRISTIAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CHRISTIAN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "RURAL" POLK		c. LENGTH OF STAY (In this place) 2 YEARS	c. CITY OR TOWN BILLINGS, RT. #2
d. FULL NAME OF HOSPITAL OR INSTITUTION RESIDENCE, RT.#2, BILLINGS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS "RURAL" POLK		0220 0	

3. NAME OF DECEASED (Type or Print)	a. (First) HILLARY	b. (Middle) ARTHUR	c. (Last) TURNER	4. DATE OF DEATH	(Month) MARCH	(Day) 3	(Year) 1955
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 22-1891	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR	IF UNDER 24 HRS.
					Months	Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT + FARMER	10b. KIND OF BUSINESS OR INDUSTRY GEN. M.D.S.C. + FARMING	11. BIRTHPLACE (City and State or Foreign Country) ROCK BRIDGE, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ARTHUR TURNER	13b. MOTHER'S MAIDEN NAME ALPHARETTA FEARNOW	14. NAME OF HUSBAND OR WIFE MARIE ELKINS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 497-38-2885	17. INFORMANT'S SIGNATURE OR NAME MRS. HILLARY A. TURNER, RT.#2, BILLINGS, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		one hour
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		Unknown
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Unattended**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1045a**, m., from the causes and on the date stated above.

23a. SIGNATURE Olive Heetter (Degree or title) Registrar	23b. ADDRESS 508 Billings, Missouri	23c. DATE SIGNED 3/3/1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MARCH 6-1955	24c. NAME OF CEMETERY OR CREMATORY MAPLE PARK CEMETERY	24d. LOCATION (City, town, or county) (State) ALBORA, MISSOURI
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DATE REC'D BY LOCAL REG. 3-3-1955	REGISTRAR'S SIGNATURE Olive Heetter	25. FUNERAL DIRECTOR'S SIGNATURE John Alan Harris	ADDRESS Clever, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

2220

SA
OCT 17 1934

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..... *John Dean Harris*

Licensed Embalmer No. 4390

P. O. Address..... *Cleveland, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.