

No. 300
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7151

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 7 1955

State File No.

| | | | | | | | | |
|--|--|---|--|---|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>2</u> | | PRIMARY REG. DIST. NO. <u>4007</u> | | Registrar's No. <u>34</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Andrew</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u> | | | | |
| b. CITY OR TOWN <u>AMAZONIA</u> | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN <u>AMAZONIA</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | e. STREET ADDRESS (If rural, give location) <u>0020</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Turner</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3-26-1955</u> | | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | | 8. DATE OF BIRTH <u>1-6-1894</u> | | |
| 9. AGE (In years last birthday) <u>61</u> | | IF UNDER 1 YEAR Months Days | | IF UNDER 2 WEEKS Hours Min | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | 11. BIRTHPLACE (City and State or Foreign Country) <u>SALINA KANSAS</u> | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | 13a. FATHER'S NAME <u>William J Blake</u> | | 13b. MOTHER'S MAIDEN NAME <u>Rebecca Moore</u> | | 14. NAME OF HUSBAND OR WIFE <u>Grover Turner Amazonia</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Grover Turner Amazonia mo</u> ADDRESS | | | | |
| 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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary heart block</u> | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | 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 <u>4201</u> | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) (Min) | | 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 _____, 19 <u>20</u> , to _____, 19 <u>55</u> , that I last saw the deceased alive on <u>Jan.</u> , 19 <u>55</u> , and that death occurred at <u>7:00 p.m.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>Ralph P. Bell</u> (Degree or title) | | | | 23b. ADDRESS <u>703 St. Highway Savannah Mo</u> | | 23c. DATE SIGNED <u>3-29-55</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>3-30-1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>AMAZONIA</u> | | 24d. LOCATION (City, town, or county) (State) <u>AMAZONIA MO</u> | | |
| DATE REC'D BY LOCAL REG. <u>3-31-55</u> | | REGISTRAR'S SIGNATURE <u>J. Parks</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Breit Funeral Home</u> ADDRESS <u>Savannah Mo</u> | | | | |

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

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 *E. C. Breit*.....

Licensed Embalmer No. *264*

P. O. Address *Savannah*

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.