

FILED APR 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8584

State File No.

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Carthage</u>		c. LENGTH OF STAY (In this place township) <u>50 yrs.</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 <u>603 E. Highland</u>		STREET ADDRESS (If rural, give location) <u>603 E. Highland</u> <u>0493</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fannie</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Turner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 9, 1955</u>
---	-----------------------	-------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 29, 1867</u>	9. AGE (In years last birthday) <u>87</u>	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) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Linn, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	--	--

13a. FATHER'S NAME <u>James N. Clark</u>	13b. MOTHER'S MAIDEN NAME <u>Olivia Cary</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph C. Turner</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clarence McCarroll, Carthage</u>	ADDRESS <u>MO.</u>
--	-------------------------------------	--	--------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis Chronic</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>1221</u>
------------------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	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) <u>None</u>	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 Aug, 1949, to April 9, 1955, that I last saw the deceased alive on April 8, 1955, and that death occurred at 2:25 A. from the causes and on the date stated above.

23a. SIGNATURE <u>George H. Wood M.D.</u>	23b. ADDRESS <u>Carthage, Mo</u>	23c. DATE SIGNED <u>April 9, 55</u>
---	----------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-11-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carthage, Mo.</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>4-9-55</u>	REGISTRAR'S SIGNATURE <u>W. Clenton '39</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary, Carthage, Mo.</u>	ADDRESS _____
--	---	---	---------------

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

County File Number 55-4-243
Date Filed APR 15 1955

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 Frank W Knell.....

Licensed Embalmer No. 4440

P. O. Address Carthage

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.