

FILED MAY 5 1955

STANDARD CERTIFICATE OF DEATH

State File No. 12484

BIRTH NO. REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginsville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital		d. STREET ADDRESS (If rural, give location) 2022 1/2 Main	

3. NAME OF DECEASED (Type or Print) a. (First) KATHRYN b. (Middle) ELIZABETH c. (Last) TURNER			4. DATE OF DEATH (Month) (Day) (Year) April 17 1955		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 14 1906	9. AGE (In years last birthday) 48	if UNDER 1 YEAR Months 9	if UNDER 1 YEAR Days 3	if UNDER 1 HRS. Hours 2	if UNDER 1 HRS. Min. 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME C. D. Vandiver		13b. MOTHER'S MAIDEN NAME Ethel Kelley		14. NAME OF HUSBAND OR WIFE George A. Turner			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Hayes Vandiver		ADDRESS Higginsville Mo.	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock of hemorrhage due to fracture of humerus + femur. ANTECEDENT CAUSES Jumped from 2nd floor window at distance of 30 feet and struck on a concrete wall DUE TO (b) Jumped from 2nd floor window at distance of 30 feet and struck on a concrete wall DUE TO (c) as a concrete wall				INTERVAL BETWEEN ONSET AND DEATH 2 hours	
		II. OTHER SIGNIFICANT CONDITIONS Died approx. exactly 2 hours later at Lexington (Mo) Memorial Hospital					

19a. DATE OF OPERATION ---		19b. MAJOR FINDINGS OF OPERATION no surgery				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Higginsville Lafayette Mo	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 16-55 11:58 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Jumped from 2nd story window	
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22. I hereby certify that I attended the deceased from death from **death** from **death**, on **4-17, 1955**, that I last saw the deceased alive on **4-17, 1955**, and that death occurred at **11:58 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. M. Williams Coroner 3		23b. ADDRESS O. Jesse Van		23c. DATE SIGNED 4-17-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 20 1955		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Higginsville Missouri	
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DATE REC'D BY LOCAL REG. 4-23-55		REGISTRAR'S SIGNATURE Wm. E. ...		156		25. FUNERAL DIRECTOR'S SIGNATURE ...		ADDRESS Higginsville, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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.

Signed _____
Student Embalmer

Signed *Roy F Wieggers*

Licensed Embalmer No. *2883*

P. O. Address *Higginsville 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.