

FILED APR 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14386**

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 4475		Registrar's No. 67	
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malta Bend,		c. LENGTH OF STAY (In this place) 70yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malta Bend Missouri		0470 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION at home				d. STREET ADDRESS (If rural, give location) Malta Bend Missouri			
3. NAME OF DECEASED (Type or Print) Orelia		a. (First)		b. (Middle) (Turk) Turk		c. (Last)	
4. DATE OF DEATH April 6 1955		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married		8. DATE OF BIRTH Jan. 11, 1881		9. AGE (to years last birthday) 74	
5. SEX Male		6. COLOR OR RACE Negro		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and State or Foreign Country) Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Anderson Turk		13b. MOTHER'S MAIDEN NAME Bell (Turk)		14. NAME OF HUSBAND OR WIFE Mrs. Jennie Turk			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Jennie Turk, Malta Bend, Missouri			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic ulcerated ANTECEDENT CAUSES nephritis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH unknown unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		4222	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Jan 5, 1955 , to April 6, 1955 , that I last saw the deceased alive on April 5, 1955 , and that death occurred at 3:25pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. J. [Signature]				23b. ADDRESS Malta Bend, Missouri		23c. DATE SIGNED 4/8/55	
24a. BURIAL CREMATION (Specify) Burial		24b. DATE 4/9/55		24c. NAME OF CEMETERY OR CREMATORY Malta Bend Cemetery		24d. LOCATION (City, town, or county) (State) Malta Bend, Missouri	
DATE REC'D BY LOCAL REG. 5/19/55		REGISTRAR'S SIGNATURE Carl D. Reed Deputy		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS George H. Green Marshall Mo			

(Licensed Embalmers' Statement on Reverse Side)

4-13-55

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
Student Embalmer

Signed George H. Green

Licensed Embalmer No. 4220

P. O. Address Marshall, 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.