

No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15991

BIRTH NO. _____ REG. DIST. NO. 201 PRIMARY REG. DIST. NO. 4314 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Atlanta</u>		c. CITY OR TOWN <u>Atlanta</u>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <input checked="" type="checkbox"/>		e. STREET ADDRESS (If rural, give location) _____ <u>0610</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Maktha</u>	b. (Middle) <u>A.</u>	c. (Last) <u>TURNER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-25-55</u>
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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>2-12-77</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 HRS. Hours _____	IF UNDER 1 HRS. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>domestic</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Atlanta Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Orson W. Dean</u>	13b. MOTHER'S MAIDEN NAME <u>Laura Woodfill</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Wm. J. F. Hahling</u>	ADDRESS <u>Atlanta Mo</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Haemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> <u>Subarachnoid Hemorrhage</u>		
	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) <u>331X</u>
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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? _____
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22. I hereby certify that I attended the deceased from April 2, 1955 to April 2, 1955, that I last saw the deceased alive on April 2, 1955, and that death occurred at 10:05 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Emp. med. (P) (L) 220</u>	23b. ADDRESS <u>Atlanta Mo</u>	23c. DATE SIGNED <u>4-20-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-1-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wm. Labor Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Atlanta Mo</u>
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DATE REC'D BY LOCAL REG. <u>May 5 1955</u>	REGISTRAR'S SIGNATURE <u>Mr. O. B. Griffin</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. S. Edwards</u>	ADDRESS <u>Berwin Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

(11)

RECEIVED 5.11.55
MACON COUNTY HEALTH DEPARTMENT
County File No. 555.71
Date Filed 5-5-55

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *J. G. Edwards*

Licensed Embalmer No. 496

P. O. Address *B. W. W. W.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.