

FILED JUN 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16247

BIRTH NO.		REG. DIST. NO. 278		PRIMARY REG. DIST. NO. 3054		Registrar's No. 57			
1. PLACE OF DEATH a. COUNTY Pike				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Louisiana			c. LENGTH OF STAY (in this place) 1 yr.		c. CITY OR TOWN Louisiana		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				STREET ADDRESS (If rural, give location) 08210					
3. NAME OF DECEASED (Type or Print) a. (First) Vivian			b. (Middle) Bernice		c. (Last) Turner		4. DATE OF DEATH (Month) (Day) (Year) June 8 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Never married		8. DATE OF BIRTH May 7 1940		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 15 Months 1 Days 1 Hours 1 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Briscoe Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Wm. Turner			13b. MOTHER'S MAIDEN NAME Mary Starkey			14. NAME OF HUSBAND OR WIFE			
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 Wm. Turner 216 N 16th St. Louisiana Mo				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Hemorrhagic Nephritis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Cardiac Hypertrophy DUE TO (c) with Valvular Insufficiency Spec. Partial Nephropia (Right) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 1 mo 4 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4343				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 May 1957 to June 8, 1955, that I last saw the deceased alive on June 8, 1955, and that death occurred at 2:00 P.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Robert L. Andrew M.D.				23b. ADDRESS Louisiana Mo		23c. DATE SIGNED 6-10-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 12 1955		24c. NAME OF CEMETERY OR CREMATORY Old Alexander Cemetery		24d. LOCATION (City, town, or county) (State) Lincoln County Mo.			
DATE REC'D BY LOCAL REG. 4/10		REGISTRAR'S SIGNATURE Dorcas Collier 374		25. FUNERAL DIRECTOR'S SIGNATURE Wayne McCoy		ADDRESS Troy Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Wayne McEary*  
Licensed Embalmer No. *350*

P. O. Address *Troy, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.