

FILED AUG 10 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25114

BIRTH NO. _____		REG. DIST. NO. 365		PRIMARY REG. DIST. NO. 6240		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY <u>Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>			
b. CITY OR TOWN <u>Rural Hammons</u>		c. LENGTH OF STAY (In this place) <u>19 hrs.</u>		c. CITY OR TOWN <u>Rural</u>		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 <u>Near Quaker</u>				e. STREET ADDRESS (If rural, give location) <u>Near Quaker</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>McKinley</u> c. (Last) <u>Turner</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 31 1955</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 2 - 1897</u>	
9. AGE (In years last birthday) <u>58</u>		10. MONTHS <u>8</u>		11. DAYS <u>29</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Co. Mo.</u>	
13a. FATHER'S NAME <u>George Turner</u>		13b. MOTHER'S MAIDEN NAME <u>Cornie King</u>		14. NAME OF HUSBAND OR WIFE <u>Hallie Turner</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. (If yes, give no. or dates of service) <u>was/was 1</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hallie Turner</u> ADDRESS <u>P.O. Box 2 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cholera + Typhenteria</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intestinal disease</u> DUE TO (c) <u>Circulation of liver</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>6/27</u> , 19 <u>55</u> to <u>7/12</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7/12</u> , 19 <u>55</u> , and that death occurred at <u>10:30 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Name or title) <u>Samuel S. Bauer, D.D.</u>				23b. ADDRESS <u>P.O. Box 2 Mo.</u>		23c. DATE SIGNED <u>8/4/55</u>	
24a. BURIAL, CREMA TION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-2-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Joseph Chapel Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8.6.55</u>		REGISTRAR'S SIGNATURE <u>Edna J. White</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Luther Sparks</u> ADDRESS <u>P.O. Box 2 Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

AUG 8 1955

WASH. COUNTY HEALTH DEPT.

File No. \_\_\_\_\_

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 *Murphy L. Parks*

Licensed Embalmer No. *4556*

P. O. Address *Hot River, Va.*

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.