

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

26542

State File No. **3301**
Registrar's No.

FILED AUG 17 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>JACKSON</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	c. CITY OR TOWN <u>KANSAS CITY</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>30 YRS</u>		e. STREET ADDRESS (If rural, give location) <u>5618 CHERRY STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		f. COUNTY <u>JACKSON</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>CHARLES</u>	b. (Middle) <u>A.</u>	c. (Last) <u>TURRELL</u>	(Month) <u>July</u>	(Day) <u>30</u>	(Year) <u>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>DEC 5 1892</u>		9. AGE (In years last birthday) <u>62</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED COLLECTOR AGENCY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Toppills Reservoir</u>		11. BIRTHPLACE (City and State of Foreign Country) <u>CHICAGO, ILLINOIS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>FRANK TURRELL</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH COYNE</u>	

14. NAME OF HUSBAND OR WIFE <u>MARY TURRELL</u>		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. <u>497-36-7738</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mary Turrell</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Amyotrophic lateral sclerosis</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs?</u>	

19. CAUSE OF DEATH		20. MEDICAL CERTIFICATION	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition</u>	
21a. DATE OF OPERATION		21b. MAJOR FINDINGS OF OPERATION	
21c. ACCIDENT SUICIDE HOMICIDE (Specify)		21d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour)		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21g. HOW DID INJURY OCCUR?		21h. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)	

22. I hereby certify that I attended the deceased from <u>7-30, 1955</u> , to <u>7-30, 1955</u> , that I last saw the deceased alive on <u>7-30, 1955</u> , and that death occurred at <u>8:15 P. m.</u> , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>Michael Bernreiter M.D.</u>		23b. ADDRESS <u>436 Professional Bldg</u>	
23c. DATE SIGNED <u>8-1-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG-2-1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVET CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. P. Marshall</u>	

25. DATE REC'D BY LOCAL REG <u>8-1-55</u>		25. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. P. Marshall</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by , Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed Adrian Jay Stett

Licensed Embalmer No. 489

P. O. Address K.C., 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.