No. 300
10.48

FILED OCT 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32348

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 1127

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural R#5 Washington Twsp
c. LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R# 5 S. 11th Street Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): R#5 S. 11th Street Road

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Clarence
c. (Last): Turner

4. DATE OF DEATH (Month) (Day) (Year): October 19, 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Sept. 16, 1888
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabinet Maker
10b. KIND OF BUSINESS OR INDUSTRY: Carpenter Shop
11. BIRTHPLACE (City and State or Foreign Country): Sparta, North Carolina.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Turner
13b. MOTHER'S MAIDEN NAME: Drucella Hall
14. NAME OF HUSBAND OR WIFE: Eva Dryak

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ********
16. SOCIAL SECURITY NO.: 495-26-2785
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Everett Dunbar, St. Joseph, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Old Myocardial Damage c̄ Decomp. Bilat. — Months
DUE TO (c): 4221

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Gen Arteriosclerosis — Yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-5, 1955, *to* 10-19, 1955, *that I last saw the deceased alive on* 10-5, 1955, *and that death occurred at* Body found 8 AM m., 10/19/1955 *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert W. Kieber, M.D.
23b. ADDRESS: St Joseph, Mo
23c. DATE SIGNED: 10-21-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 21, 1955
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph, Missouri.

DATE REC'D BY LOCAL REG.: Oct 26, 1955
REGISTRAR'S SIGNATURE: Esther M. Allison 485
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Meierhoffer-Fileeman Inc. St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

NOV

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student..... *** **** .....
Signature of Student Embalmer

Signed..Elbert E. Harring

Licensed Embalmer No..5258 I

P. O. Address....St. Joseph,

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.