

FILED FEB 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2523**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>	
b. CITY OR TOWN <u>Bonne Terre</u>		b. COUNTY <u>St. Francois</u>	
c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Flat River</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <u>11 Pinke St. Flat River, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mr. Carvel</u>	b. (Middle) <u>George</u>	c. (Last) <u>Turner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 25 1956</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White-Cauc.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 21-1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mail carrier star Route</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Gov.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Clay Co. Tennessee</u>	9. AGE (In years last birthday) <u>70-10-4</u>
		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Mr. James Turner</u>	13b. MOTHER'S MAIDEN NAME <u>Mrs. Nedra Harris</u>	14. NAME OF HUSBAND OR WIFE <u>Burd Blanche Leakey Turner</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>498-05-2471</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Burd B. X. Turner (Wife)</u>	ADDRESS <u>11 Pinke St. Flat River 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hepatic insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Laennec's cirrhosis</u>		
	DUE TO (c)		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bleeding varices of the esophagus</u>		<u>4 days</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>5811</u>	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) m.	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 1/1/55, 19 , to 1/25/56, 19 , that I last saw the deceased alive on 1/25/56, 19 , and that death occurred at 8:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jack W. Miller M.D.</u>	23b. ADDRESS <u>Bonne Terre, Mo.</u>	23c. DATE SIGNED <u>2/1/56</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 28-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>K. P. Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Farmington Mo.</u>

DATE REC'D BY LOCAL REG. <u>Feb. 4 1956</u>	REGISTRAR'S SIGNATURE <u>Ethel R. Reddick</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clara W. Hood</u>	ADDRESS <u>303 Centre St. Flat River Mo.</u>
---	---	---	--

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

1950
FEB 8

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... *Robert W. Hood*

Licensed Embalmer No... 2780

P. O. Address 303 Crown St. Fla

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.