

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3512

State File No. _____

FILED JAN 27 1956

BIRTH NO. _____ REG. DIST. NO. 332 PRIMARY REG. DIST. NO. 6113 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Scott</u>			2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Benton</u>		c. LENGTH OF STAY (in this place) <u>5 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Benton</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route # 1 Benton, Mo.</u>			d. STREET ADDRESS (If rural, give location) <u>Route # 1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>DORA</u>			b. (Middle) <u>BELLE</u>		c. (Last) <u>TURNER</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 11 1956</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Caucasian</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 13, 1891</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>- - -</u>	11. BIRTHPLACE (State or foreign country) <u>Scott County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Wm. Dickerson</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Dupree</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas Turner</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Thomas Turner Benton, Mo. Route 1</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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Vascular Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>_____</u>				INTERVAL BETWEEN ONSET AND DEATH <u>_____</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>_____</u>				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. HOW DID INJURY OCCUR _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
22. I hereby certify that I attended the deceased from <u>Dec</u> , 19 <u>55</u> , to <u>1/11</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>1/11</u> , 19 <u>56</u> , and that death occurred at <u>8:30</u> p. m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>D. C. Cline M.D.</u>			23b. ADDRESS <u>Osceola, Mo.</u>		23c. DATE SIGNED <u>1/17/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 14 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unity Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Benton, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>1-16-56</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Edward E. Hunter</u>	ADDRESS <u>Nunnelee Funeral Chapel Sikeston Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 23 1956

DATE RECEIVED

SCOTT CO. HEALTH DEPT.

CO. FILE No.

152-19

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
Student Embalmer

Signed

Philip J. Casserly

Licensed Embalmer No.

4618

P. O. Address Sikeston, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.