

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4146

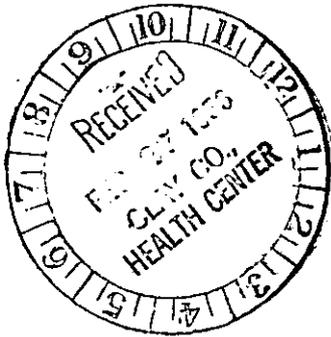
State File No.

FILED MAR 5 1958

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 21

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

1. PLACE OF DEATH a. COUNTY <u>Clay</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>		
b. CITY OR TOWN <u>Liberty - Rural</u>		c. LENGTH OF STAY (in this place) <u>minutes</u>	c. CITY OR TOWN <u>Missouri City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RR 2</u>			e. STREET ADDRESS (If rural, give location) <u>6000</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Melvin</u>		b. (Middle) <u>Dene</u>	c. (Last) <u>Turner</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 18, 1956</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>April 30, 1929</u>	9. AGE (In years last birthday) <u>26</u>	IF UNDER 1 YEAR Months _____ Days _____
IF UNDER 24 HRS. _____	IF UNDER 24 HRS. _____	IF UNDER 24 HRS. _____	IF UNDER 24 HRS. _____	IF UNDER 24 HRS. _____	IF UNDER 24 HRS. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>stockman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Motors Corp.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Excelsior Springs, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Joe Turner</u>		13b. MOTHER'S MAIDEN NAME <u>Faye Writesman</u>		14. NAME OF HUSBAND OR WIFE <u>Patricia Wardrip Turner</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or dates of service) <u>yes Korean</u>		16. SOCIAL SECURITY NO. <u>494-304-141</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Patricia W. Turner Missouri City, Mo</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broken neck - Crushed skull</u> <u>multiple fractures & lacerations</u> ANTECEDENT CAUSES DUE TO (b) <u>Two Car Collision</u> DUE TO (c) <u>Driving Wrong Way on Rd. & Alcohol.</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 checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u> SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Liberty Twp. Clay Missouri</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 18, 56</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Two Car Collision</u>		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>D. Pate M.D. Coroner</u> (Degree or title)			23b. ADDRESS <u>North Kansas City, Mo.</u>		23c. DATE SIGNED <u>2/18/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-20-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Missouri City Cemetery Missouri City, Mo.</u>		24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>2-25-56</u>		REGISTRAR'S SIGNATURE <u>Mabel Grant</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wesley Parley Funeral Home Liberty, Mo.</u>	



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 *Charles F. Tye*

Licensed Embalmer No. *453*

P. O. Address *Liberty*

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.