

FILED MAR 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **5575**BIRTH NO. _____ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **3094** Registrar's No. **77**

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN Chillicothe		c. CITY OR TOWN Chillicothe	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) 3 wks.		e. STREET ADDRESS (If rural, give location) 300 Washington St. 5920	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chillicothe Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) SIMON b. (Middle) CARNA c. (Last) TURNER.		4. DATE OF DEATH (Month) (Day) (Year) Mar 5 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 10, 1880
9. AGE (In years last birthday) 75		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) Realtor		10b. KIND OF BUSINESS OR INDUSTRY Real Estate	11. BIRTHPLACE (City and State or Foreign Country) Davis County Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME James R. Turner		13b. MOTHER'S MAIDEN NAME Eliza Mitchell	14. NAME OF HUSBAND OR WIFE Edythe Drake Turner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs. Edythe Turner Chillicothe, Mo. ADDRESS _____
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of Prostate INTERVAL BETWEEN ONSET AND DEATH 2 yrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	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) 177X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 Aug 17, 1956 to Mar 5, 1956 that I last saw the deceased alive on March 4, 1956 and that death occurred at 5:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE M E Elliott MD (Degree or title)		23b. ADDRESS Chillicothe Mo	23c. DATE SIGNED 3-5-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 7, '56	24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery
24d. LOCATION (City, town, or county) (State) Des Moines Iowa			
DATE REC'D BY LOCAL REG. 3-5-56		REGISTRAR'S SIGNATURE Francis B Neill 171-D	25. FUNERAL DIRECTOR'S SIGNATURE NORMAN FUNERAL HOME ADDRESS Chillicothe, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 13 1956

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 *Edward F. Norman*.....

Licensed Embalmer No...4036

P. O. Address Chillicothe.....

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.