

8738

DR. GLENN TURNER
FILED MAR 26 1956THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 244A

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY GREENE		b. CITY (If outside corporate limits, give TOWNSHIP only) SPRINGFIELD		a. STATE MISSOURI		b. COUNTY CHRISTIAN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MERCY HOSPITAL		Length of stay in lb ONE MONTH		c. CITY OR TOWN SPOKANE, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First JOSEPH		Middle		Last FRAENZLE		Month Day Year MARCH, 14, 1956	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH APRIL, 9, 1880	
9. AGE (In years last birthday) 75		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER & CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) SANFORDTOWN, KY.	
13. FATHER'S NAME THOMAS FRAENZLE				14. MOTHER'S MAIDEN NAME KATHERINE ZOLLER			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. ?		17. INFORMANT Address KATHERINE FRAENZLE, SPOKANE, MO.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ANTERIOR MENORIS, GENERAL						INTERVAL BETWEEN ONSET AND DEATH FEW YEARS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b)	
						DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY			20d. INJURY OCCURRED				
Hour Month, Day, Year			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
While at work <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
21. I attended the deceased from 2-3-56 to 3/15/56 and last saw her alive on 3/5/56 Death occurred at 9:35 A. M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Glenn Turner M. D.				22b. ADDRESS 609 Cherry - Spfg. Mo.		22c. DATE SIGNED 3-15-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3/17/56		23c. NAME OF CEMETERY OR CREMATORY ST. MARY'S		23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI	
24. FUNERAL DIRECTOR HERMAN LOHMEYER			ADDRESS SPRINGFIELD, MO		25. DATE RECD. BY LOCAL REG. 3-21-56		26. REGISTRAR'S SIGNATURE Frank Williamson

(Licensed Embalmer's Statement on Reverse Side)

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-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lucian T. Shady*.....

Licensed Embalmer No. *48*

P. O. Address *Lucian T. Shady*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.