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FILED JUN 10 1956
FILED JUN 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16953**

BIRTH NO. _____ REG. DIST. NO. **283** PRIMARY REG. DIST. NO. **5655** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Lawrence	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Mt Vernon		c. LENGTH OF STAY (in this place) lifetime	c. CITY OR TOWN Mt Vernon
d. FULL NAME OF HOSPITAL OR INSTITUTION Home Route 2		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) Rt 2	

3. NAME OF DECEASED (Type or Print) Noah	a. (First)	b. (Middle) Cleaves	c. (Last) Turk	4. DATE OF DEATH (Month) (Day) (Year) May 30 1956
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct-5-1874	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Miller Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME A.M. Turk	13b. MOTHER'S MAIDEN NAME Mary Virginia Turk	14. NAME OF HUSBAND OR WIFE Fannie Turk
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Francis Turk	ADDRESS Mt Vernon Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalitis		4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial asthma DUE TO (c)		3 years
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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 10, 1953**, to **May 30, 1956**, that I last saw the deceased alive on **May 29, 1956**, and that death occurred at **12:30A** m., from the causes and on the date stated above.

23a. SIGNATURE R.H. Holmes	(Degree or title) M.D.	23b. ADDRESS Mt Vernon Mo	23c. DATE SIGNED 5-31-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June-1-1956	24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery	24d. LOCATION (City, town, or county) (State) Mt Vernon Mo
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DATE REC'D BY LOCAL REG. June 1, 1956	REGISTRAR'S SIGNATURE Cecil Handricks	25. FUNERAL DIRECTOR'S SIGNATURE Max L. Fossett	ADDRESS Mt Vernon Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

111-0

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 *May L Fossett*.....

Licensed Embalmer No. *425*.....

P. O. Address *MW Union*.....

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.