

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17174

BIRTH NO. _____		REG. DIST. NO. 243		PRIMARY REG. DIST. NO. 5831		Registrar's No. 9		
1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL 3</u>			c. LENGTH OF STAY (in this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEOSHO</u> 0730		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>E. FRANKLIN TWP.</u>				d. STREET ADDRESS (If rural, give location) <u>724 WORNALL PLACE</u> 0				
3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u> b. (Middle) <u>W.</u> c. (Last) <u>TURNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 19 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>FEB. 8 1903</u>		
9. AGE (in years last birthday) <u>53</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Turner Roofing Co. Owner</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Newton County Missouri U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Timothy Wm. TURNER</u>			13b. MOTHER'S MAIDEN NAME <u>LIZZIE JONES</u>			14. NAME OF HUSBAND OR WIFE <u>Ruth 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>Ruth TURNER 724 WORNALL NEOSHO MO</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BROKEN NECK & CRUSHED CHEST</u> 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.					INTERVAL BETWEEN ONSET AND DEATH <u>NONE</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>073</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		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>Newton County Missouri</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-19-56 1:55 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>MISSED CURVE AND OVERTURNED. ONE CAR ACCIDENT</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 <u>L.I.P.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Corley Thompson Jr. 3</u>				23b. ADDRESS <u>Neosho, Mo</u>		23c. DATE SIGNED <u>5-21-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-22-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>JONES CHAPEL</u>		24d. LOCATION (City, town, or county) (State) <u>Newton County Missouri</u>		
DATE REC'D BY LOCAL REG. <u>5-26-56</u>		REGISTRAR'S SIGNATURE <u>Alpha Dye</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Corley Thompson Jr. Neosho Mo</u>				

(Licensed Embalmers' Statement on Reverse Side)

RECEIVED

District Health Officer No. Newton
District File Number 55-6-84
Date Filed MAY 31 1956

FBI
MAY 31 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 _____
Student Embalmer

Signed Leo J. Whitaker

Licensed Embalmer No. 4780

P. O. Address Peaske n

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

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