

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24013

FILED JUL 18 1956

State File No. \_\_\_\_\_

2731

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS City</u>		c. LENGTH OF STAY (in this place) <u>56 YEARS</u>		c. CITY OR TOWN <u>KANSAS City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4624 BELLEVIEW</u>				e. STREET ADDRESS (If rural, give location) <u>4624 BELLEVIEW 31<sup>st</sup></u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HAROLD</u>		b. (Middle) <u>W</u>		c. (Last) <u>TURNER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 17, 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>JAN 29, 1879</u>	
9. AGE (in years last birthday) <u>77.7</u>		10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>RETIRED SALES MANAGER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CHASE BANK Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>EUGENE TURNER</u>		13b. MOTHER'S MAIDEN NAME <u>LOLA JOHNSON</u>		14. NAME OF HUSBAND OR WIFE <u>BIRDIE TURNER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>486-01-9964</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>MRS BIRDIE TURNER 4624 BELLEVIEW</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>C.V.A. - Probly Hemorrhage</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Intermitent Heartd.</u> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial Asthma</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 Weeks</u>  <u>10+ years</u>  <u>10+ years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11-11</u> , 19 <u>46</u> , to <u>6-19</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>6-4</u> , 19 <u>56</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank B. Lertz</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>1530 Pop. Bldg. Kansas City Mo.</u>		23c. DATE SIGNED <u>6-21-56.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>JUNE 22, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D.W. NEWCOMER'S SONS</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>6-22-56</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>D.W. NEWCOMER'S SONS 1331 BRUSH CREEK BLVD</u>			

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

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..... *Rollie Kessel*

Licensed Embalmer No. *4690*

P. O. Address..... *K.C. Mo*

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.