

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **24014**

FILED AUG 8 - 1956

3156

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u> Registrar's No. <u>3156</u>	
1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) <u>10 days</u> <u>4 1/2 weeks</u>	c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION The Menorah Medical Center			e. STREET ADDRESS (If rural, give location) 11005 E. 54th Street		
3. NAME OF DECEASED (Type or Print) a. (First) Samuel b. (Middle) L. c. (Last) Turner			4. DATE OF DEATH (Month) (Day) (Year) 7 18 56		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-5-02	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Osgood Coffee Co.	11. BIRTHPLACE (City and State or foreign Country) Ordway, Colo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James K. Turner		13b. MOTHER'S MAIDEN NAME Margaret Evens		14. NAME OF HUSBAND OR WIFE Marguerite 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. 487 03 1034	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Marguerite Turner 11005 E. 54th		
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) Acute Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis (L.A.D.) DUE TO (c) Hypertension, Essential II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 10 days 10 days ? 4701
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		
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 <u>7/9</u> , 19 <u>56</u> , to <u>7/18</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>7/18</u> , 19 <u>56</u> , and that death occurred at <u>9:52 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE Jack W. Wolf (Degree or title) O			23b. ADDRESS 409 E. 63 Kansas City Mo		23c. DATE SIGNED 7/19/56
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE July 21, 1956	24c. NAME OF CEMETERY OR CREMATORY Mount Washington	24d. LOCATION (City, town, or county) (State) Independence, Missouri	
DATE REC'D BY LOCAL REG. 7-20-56 Neva Marshall		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Muehleback Funeral Home 6800 Troost	

(Licensed Embalmer's Statement on Reverse Side)

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 *Ward Ward*.....

Licensed Embalmer No. *3991*.....

P. O. Address *308 E 680*
91.0. No.....

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.