

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27188

State File No.

3513

BIRTH NO. _____ REG. DIST. NO. 129 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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) **33 Years**
c. CITY OR TOWN **Kansas City** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **338 S. Van Brunt** STREET ADDRESS (If rural, give location) **338 S. Van Brunt** 3018

3. NAME OF DECEASED (Type or Print) a. (First) **CHARLES** b. (Middle) **H.** c. (Last) **TURNER** 4. DATE OF DEATH (Month) **9** (Day) **20** (Year) **1956**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Sept. 2, 1894** 9. AGE (In years last birthday) **61** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Letter Carrier, U. S. Postal Service** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **Rifle, Colorado** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **J. C. Turner** 13b. MOTHER'S MAIDEN NAME **Ella Page** 14. NAME OF ~~HUSBAND~~ WIFE **Rosanna Turner**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes WW I** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Rosanna Turner, 338 S. Van Brunt**

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Thrombosis** INTERVAL BETWEEN ONSET AND DEATH **7 yrs.**
ANTECEDENT CAUSES DUE TO (b) **Coronary atherosclerosis** **years**
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **4201**

19a. DATE OF OPERATION **None** 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) (Min.) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **12-5, 1953**, to **8-109, 1956**, that I last saw the deceased alive on **7-29, 1956**, and that death occurred at **11:55 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Wilson H. Miller** (Degree or title) **M.D.** 23b. ADDRESS **4620 Indep. Ave, Kans. City, Mo.** 23c. DATE SIGNED **8-10-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **8/13/56** 24c. NAME OF CEMETERY **Mt. Moriah Cemetery** 24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

DATE REC'D BY LOCAL REG. **8-10-56** REGISTRAR'S SIGNATURE **Merna Minshall** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **STINE & MCCLURE UND. CO., 3235 Gillham Plaza**

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

APR 28 1958

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 *E. D. Tipton*

Licensed Embalmer No. *4817*

P. O. Address *Kansas City*

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.