

FILED AUG 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27369

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>366</u>			
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u>				b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>			c. LENGTH OF STAY (in this place) <u>11 DAYS</u>		c. CITY OR TOWN <u>JOPLIN</u>		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 <u>ST. JOHN'S HOSPITAL</u>				STREET ADDRESS (If rural, give location) <u>3115 VIRGINIA AVE.</u>				<u>0445</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JENNIE</u>			b. (Middle)		c. (Last) <u>TURNER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 13, 1956</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>SEPT. 2, 1870</u>		9. AGE (In years last birthday) <u>85</u> 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) <u>RETIRED HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>GOSHEN, INDIANA</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>LAFAYETTE CARR</u>			13b. MOTHER'S MAIDEN NAME <u>HANNAH YONTZ</u>			14. NAME OF HUSBAND OR WIFE <u>DAVID TURNER, DEC'D</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>			16. SOCIAL SECURITY (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. HELEN JERNIGAN, 3115 VIRGINIA AVE.</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>Myocardial infarction, massive</u> ANTECEDENT CAUSES <u>Angina pectoris</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <u>Arteriosclerosis</u> DUE TO (b) <u>Angina pectoris</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS <u>Internal fixation, left hip</u> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						INTERVAL BETWEEN ONSET AND DEATH <u>20 min.</u> <u>3 years.</u> <u>15 years.</u> <u>8-4-56.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201F</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE (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 <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>August 4, 1956</u> , to <u>August 13, 1956</u> , that I last saw the deceased alive on <u>August 13, 1956</u> , and that death occurred at <u>2:40 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (In presence of title) <u>[Signature]</u>					23b. ADDRESS <u>308 Frisco Bldg., Joplin, Mo.</u>		23c. DATE SIGNED <u>8-16-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>8-15-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BLUFF CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SPRINGDALE, ARKANSAS</u>			
DATE REC'D BY LOCAL REG. <u>8-20-56</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STEVE PARKER MORTUARY, JOPLIN, MO.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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County File
Date Filed

Office

5-1-8-686

AUG-27-1956

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.....
Signature of Student Embalmer

Signed *Jack Parker*

Licensed Embalmer No. *493*

P. O. Address *J. Parker*

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.

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