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FILED OCT 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29739

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 5020 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Atchison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL NEAR HAMBURG
c. LENGTH OF STAY (in this place): 10 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NONE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IOWA
b. COUNTY: CASS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRISWOLD
d. STREET ADDRESS (If rural, give location): NONE

$14.00

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): LYONA
c. (Last): Turner

4. DATE OF DEATH (Month) 8 (Day) 29 (Year) 56

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: JUNE 28 1876
9. AGE (In years last birthday): 80 — 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): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): CASS CO. IOWA
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: JOSEPH LEONARD
13b. MOTHER'S MAIDEN NAME: MARY ROSSELL
14. NAME OF HUSBAND OR WIFE: DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Leon Turner — ADDRESS: Griswold Ia

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: 30 min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary Arteriosclerosis — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

ENCL

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION

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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) m.
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* 8-29-, 1956, *to* 8-29, 1956, *that I last saw the deceased alive on* 8-29, 1956, *and that death occurred at* 7:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wallace Carpenter (Degree or title) M.D.
23b. ADDRESS: Rock Port. Mo.
23c. DATE SIGNED: 8-31-56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: SEPT 1, 1967
24c. NAME OF CEMETERY OR CREMATORY: WHIPPLE
24d. LOCATION (City, town, or county) (State): GRISWOLD IOWA

DATE REC'D BY LOCAL REG.: 10-5-56
REGISTRAR'S SIGNATURE: Clyde A. Bridges
25. FUNERAL DIRECTOR'S SIGNATURE: Dwight Wagler — ADDRESS: Griswold Ia

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 1 196[illegible]

DEC 7 196[illegible]

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.

BODY NOT EMBALMED IN ST

Student .....
Student Embalmer

Signed EMBALMED IN IOWA

S. C. Wagner

Licensed Embalmer No.....

P. O. Address.....

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

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