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Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29852
STATE FILE NUMBER

FILED SEP 24 1956 Registration District No. 38 Primary Registration District No. 5122 Registrar's No. 301

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Browns Station – Rocky Fork Tp. — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Rocky Fork Tp. — Length of stay in 1b: Lifetime

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Boone
c. CITY OR TOWN: Browns Station — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rocky Fork Tp. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: MARTHA Middle: ANN Last: TURNER

4. DATE OF DEATH Month Day Year: Sept. 17, 1956

5. SEX: Female **6. COLOR OR RACE:** White **7. MARRIED** ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐ **8. DATE OF BIRTH:** Sept. 14, 1875 **9. AGE** (In years last birthday): 81 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): At Home **10b. KIND OF BUSINESS OR INDUSTRY:** At Home **11. BIRTHPLACE** (City and state or country): Boone County, Missouri **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13. FATHER'S NAME: Andrew C. Turner **14. MOTHER'S MAIDEN NAME:** Mary Alice Turner

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** Address: Mrs. Luther Davidson, Centralia, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion — 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 5 years
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐ **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.): —

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year: —

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **20e. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.) **20f. CITY, TOWN, OR LOCATION** COUNTY STATE

21. I attended the deceased from Feb-5-1951 to Sept-17 1956 and last saw her/him alive on Aug-16-56
Death occurred at 12:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): F. C. Suggett M.D. **22b. ADDRESS:** Columbia Mo **22c. DATE SIGNED:** 9/18/56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE:** 9-19-1956 **23c. NAME OF CEMETERY OR CREMATORY:** Red Top Cemetery **23d. LOCATION** (City, town, or county) (State): Boone County, Missouri.

24. FUNERAL DIRECTOR ADDRESS: Parker Funeral Service, Columbia, Mo. **25. DATE RECD. BY LOCAL REG.:** **26. REGISTRAR'S SIGNATURE**

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.