

FILED SEP 28 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31192**

BIRTH NO.		REG. DIST. NO. <b>1593</b>		PRIMARY REG. DIST. NO. <b>4249</b>		Registrar's No. <b>63</b>			
1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>					
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Hillsboro</b>		c. LENGTH OF STAY (in this place) <b>2 months</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Cedar Grove Nursing Home</b>				STREET ADDRESS (If rural, give location) <b>301 Broadway</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Frank</b>			b. (Middle) <b>—</b>		c. (Last) <b>Turner</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 19 1956</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>May 3, 1877</b>		9. AGE (In years last birthday) <b>79</b> 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) <b>Miner</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Leadmining</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Oklahoma</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Turner</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Stella Turner</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>495-24-1741</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Paul Turner St. Louis, Mo.</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Lung</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) dating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>163x</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <b>SUICIDE</b>		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 <b>July 15, 1956</b> , to <b>Sept 19, 1956</b> , that I last saw the deceased alive on <b>Sept 16, 1956</b> , and that death occurred at <b>365A.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>John W. Dacke M.D.</b>				23b. ADDRESS <b>3606 Grand St. Louis, Mo.</b>		23c. DATE SIGNED <b>9-20-56</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9/20/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Leadwood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Leadwood, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>9-28-56</b>		REGISTRAR'S SIGNATURE <b>Chas. E. Price</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>But L. Boyer Leadwood, Mo.</b>					

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

SEP 29 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 *Wilson E. Boyer*

Licensed Embalmer No. *4730*

P. O. Address *Ledwood*

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.