

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31777**

FILED OCT 9 1956

BIRTH NO. _____ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 4445 Registrar's No. 12

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

1. PLACE OF DEATH a. COUNTY RAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) ORRICK		c. LENGTH OF STAY (In this place) 78 yrs	c. CITY OR TOWN Orrick
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) LUCY		b. (Middle) JANE	c. (Last) TURNER
4. DATE OF DEATH (Month) (Day) (Year) 10 3 56		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 11-1-87		9. AGE (In years last birthday) 78	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Ray County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Maddox		13b. MOTHER'S MAIDEN NAME Jennie Broadhurst	
14. NAME OF HUSBAND OR WIFE Holmen Turner		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME H. B. Turner ADDRESS Orrick, Missouri	
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 Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4261	
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)	
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 9-20-56 , 19 56 , to 10-3-56 , 19 56 , that I last saw the deceased alive on 10-3-56 , 19 56 , and that death occurred at 3:00 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Jeffery F. Simmons - D.O.		23b. ADDRESS Orrick - Mo	
23c. DATE SIGNED 10-4-56		24. LOCATION (City, town, or county) (State) Ray Co. Mo.	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 10-4-56	
24c. NAME OF CEMETERY OR CREMATORY Brashear Cemetery		24d. LOCATION (City, town, or county) (State) Ray Co. Mo.	
DATE REC'D BY LOCAL REG. 10/4-56		REGISTRAR'S SIGNATURE Debra J. Larkin	
25. FUNERAL DIRECTOR'S SIGNATURE Thomas G. Carter		ADDRESS Richmond, Mo	

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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 *Thomas J. Carter*.....

Licensed Embalmer No...447...

P. O. Address...Richmond...

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.