FILED DEC 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37495
STATE FILE NUMBER

Registration District No. 98 Primary Registration District No. 4163 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY Daviess
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jamesport — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) --- — Length of stay in 1b 4 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Daviess
c. CITY OR TOWN Jamesport 0310 — Inside Limits Yes X No ☐
d. STREET ADDRESS --- (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Thomas Middle -- Last Turner

4. DATE OF DEATH Month November Day 20 Year 1956

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH March 28, 1879
9. AGE (In years last birthday) 77 — 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm Owner
11. BIRTHPLACE (City and state or country) Plattsburg, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Brown Turner
14. MOTHER'S MAIDEN NAME Emma McWilliams
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. None
17. INFORMANT Address Mrs. Cora E. Turner, Jamesport, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac Arrest — — INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cause undetermined
DUE TO (c) 434.3.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Lentis Plastica - Stomach
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 Nov 1 1956 to Nov 20 1956 and last saw ~~her~~ him alive on Nov 19, 1956. Death occurred at 7P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edward Denson (Degree or title) MD
22b. ADDRESS Gallatin
22c. DATE SIGNED 12/1/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-23-1956
23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery
23d. LOCATION (City, town, or county) (State) Jamesport, Missouri

24. FUNERAL DIRECTOR L. O. Dickerson ADDRESS Hope Funeral Home, Gallatin, Mo.
25. DATE RECD. BY LOCAL REG. 12-6-56
26. REGISTRAR'S SIGNATURE Virginia M. Engelhart

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

...ther cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed L. O. Richesson

Licensed Embalmer No. 33

P. O. Address Gallat

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