

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41871

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 211

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <b>Rural Prairie</b>		c. LENGTH OF STAY (in this place) <b>15 mo.</b>	c. CITY OR TOWN <b>Lake Lotawana</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jackson County Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location)			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Richard</b>	b. (Middle)	c. (Last) <b>Turner</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>December 4, 1956</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widower</b>	8. DATE OF BIRTH <b>Aug. 9, 1873</b>	9. AGE (in years last birthday) <b>83</b>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hour	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Building</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Florida, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Enos Turner</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Turnbow</b>	14. NAME OF HUSBAND OR WIFE <b>Dora Turner</b>
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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>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Jack B. Blake</b>	ADDRESS <b>8812 E. 83rd St</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebro vascular accident</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Ataxia Sclerotic</b>		
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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9-26-1955 to Dec. 4, 1956, that I last saw the deceased alive on Dec. 3, 1956, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Glenn Wagner, M.D.</b>	23b. ADDRESS <b>Jordan County Hosp.</b>	23c. DATE SIGNED <b>12-4-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12/6/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Stoutsville Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Stoutsville, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>12-6-1956</b>	REGISTRAR'S SIGNATURE <b>J. B. Laupford</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Kepley Funeral Home</b>	ADDRESS <b>Indep. Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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VS APR 21 1960

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 *Raymond M. Hardy*.....

Licensed Embalmer No. *4913*.....

P. O. Address *Indep, Ma*.....

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.