

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED DEC 17 1956

Registration District No. 247

Primary Registration District No. 5838

Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Newton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Newton</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Berwick</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Stark City 0130</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>9 miles S.W. Pierce City</u>			Length of stay in lb <u>36 years</u>		d. STREET ADDRESS (If outside, give location) <u>9 miles S.W. Pierce City</u>
3. NAME OF DECEASED (Type or print) First <u>SUSIE</u> Middle <u>MADELINE</u> Last <u>TURNER</u>			4. DATE OF DEATH Month <u>12</u> Day <u>6</u> Year <u>1956</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 6, 1897</u>	9. AGE (In years last birthday) <u>59</u> IF UNDER 1 YEAR: Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> IF UNDER 24 HRS. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and state or country) <u>Pierce City MO</u>	
13. FATHER'S NAME <u>William R. Rhea</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <u>493-40-9126</u>		17. INFORMANT <u>James Turner</u> Address <u>Stark City MO</u>	
18. CAUSE OF DEATH [Enter only one cause per line (or (a), (b), and (c)).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial degeneration</u> <u>also</u> (b) <u>Diabetes Mellitus</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH <u>29 yrs</u> <u>10 yrs</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			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 _____			19. WAS AUTOPSY PERFORMED? <u>4222</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>1945</u> to <u>12-6-56</u> and last saw her/him alive on <u>12-6-56</u> . Death occurred at <u>11:00 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Frank D. Best M.D.</u> (Degree or title)			22b. ADDRESS <u>Monett MO</u>		22c. DATE SIGNED <u>12-8-56</u>
23a. BURIAL, CREATION, REMOVAL (Specify)		23b. DATE <u>Dec 8-1956</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Cumberland & Pine</u>	
24. FUNERAL DIRECTOR <u>Wicks Bros</u>		ADDRESS <u>Pierce City MO</u>		25. DATE RECD. BY LOCAL REG. <u>Dec 11, 1956</u>	
				26. REGISTRAR'S SIGNATURE <u>M. L. Young</u>	

RECEIVED

District Health Officer No. *Newton*

District File Number *1256-211*

Date Filed *DEC 13 1956*

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 *Edwin Wilks*, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Edwin Wilks*

Licensed Embalmer No. *416*

P. O. Address *Pine City*

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.