

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1902

FILED FEB 15 1957

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5668 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mississippi</u> b. COUNTY <u>Oktibbeha</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Clark Twp</u>		c. CITY OR TOWN <u>Maben</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>Transient</u>		e. STREET ADDRESS (If rural, give location) <u>Not Known</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Big Creek Hiway #61</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Leonard</u> b. (Middle) <u>Hugh</u> c. (Last) <u>Turner Jr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 8, 1957</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 25, 1928</u>	9. AGE (In years last birthday) <u>28</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Produce Trucker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Wholesale & DUSTRY retail produce</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown, Mississippi</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Leonard H. Turner Sr.</u>	13b. MOTHER'S MAIDEN NAME <u>Ara Belle Grewg</u>	14. NAME OF HUSBAND OR WIFE <u>Virgie Lou Thompson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year or dates of service) <u>WWII</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lawrence Turner, Maben, Mississippi</u>	ADDRESS <u>Mississippi</u>
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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, asphyxia, 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 <u>Crushed Skull, Crushed Chest &</u>		<u>Inst.</u>
	ANTECEDENT CAUSES <u>Multipule Injuries.</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> <u>DUE TO (b) Automobile Traumatism.</u> <u>DUE TO (c) (Coroner's Jury Verdict)</u>		<u>8230</u> <u>32</u>
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hi-Way # 61</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clark Twp. Lincoln County, Missouri.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 8, 1957: 2:00AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Tractor-Trailer ran off of road, Deceased Pinned in Tractor or by trailer.</u>
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22. I hereby certify that I attended the deceased from XXXXXXXXXXXXXXXXXXXXXXXXXXXX that I last saw the deceased XXXXXXXXXXXXXXXXXXXXXXXXXXXX and that death occurred at 2:00AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph J. March CORONER</u>	23b. ADDRESS <u>351 Monroe St. Troy, Missouri</u>	23c. DATE SIGNED <u>2/8/57</u>
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24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/11/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Double Springs Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Oktibbeha Co. Mississippi</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>2-16-57 Emma B. Riddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Welch Funeral Home, Maben, Mississippi</u>	ADDRESS <u>Mississippi</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

162 - 0

MAR 28 1957
MAR 14 1957
FEB 18 1957

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.....
Joseph J. Marsh
Licensed Embalmer No. 3932...

P. O. Address Troy, Missouri

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.